

Client ID: _____

Client Initials: _____

INFORMATION AND CONSENT FOR PSYCHOLOGICAL SERVICES SIUC CLINICAL CENTER

We are pleased that you have selected the Clinical Center for counseling services. This document is designed to inform you about these services and to ensure that you understand our professional relationship. This form will also give you an opportunity to give consent for counseling.

The students who receive training as counselors are in graduate programs in Counselor Education, Clinical/Counseling Psychology, Rehabilitation Counseling, or Social Work. Students are supervised by faculty members from their respective departments or by Clinical Center staff. Each supervisor holds an advanced degree and many hold licenses and certificates from state and national regulatory boards.

Your clinician's name is: _____ (618-453-2361)
Your clinician's supervisor is: _____ (618-453-2361)

Each session will be approximately 50 minutes in length. To ensure that you receive the most professional service possible, trainees may be supervised "live" from behind a one-way mirror and all sessions are video recorded. We believe that this process (a) provides you with the best services available within a training setting and (b) promotes the professional development of the clinicians-in-training.

Because this is a training institution, it is important that we work with individuals who are committed to the counseling process and who can attend sessions consistently. If you cannot keep an appointment, we request that you notify your counselor as soon as possible. If you fail to keep your appointed sessions or develop a pattern of canceling less than 24 hours before your appointment, we may have to refer you to other community agencies. Please see the therapist-client agreement for details about the Clinical Center's attendance policy.

All the information we collect from you is kept in confidence. This information can only be disclosed to someone else when you provide us with specific written permission to do so or as provided in the Illinois Mental Health and Developmental Disabilities Confidentiality Act. Some examples of legal disclosures without consent are when: (1) we suspect a child has been abused or neglected or both, (2) we suspect an elder adult unable to seek assistance for him or herself has been subject to abuse, neglect, or financial exploitation, (3) we determine that you are a danger to yourself or others, (4) we are ordered by a court to disclose information, or (5) you file suit for breach of duty against the Clinical Center or one or more of its employees.

Because of the Clinical Center's educational and research missions, the fees are lower than those charged by most healthcare practitioners. A sliding fee scale provides an additional reduction for those with limited incomes. Questions regarding fee and billing policies and procedures cannot be answered by clinicians and should be directed toward the Accountant, Michelle Michulas in Wham 143.

Psychological services at the Clinical Center may involve virtual or remote appointments. Please read the following statements regarding video conferencing:

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- There are potential benefits and risks of video conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- For the purpose of confidentiality, you will need to be in a quiet, private space free of distractions during appointments. Appointments cannot be held in non-private spaces such as cars, restaurants, or offices where others can overhear the appointment.
- Sessions will not be recorded without the permission from the others person(s).
- You need to use a webcam, smartphone, or telephone during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- A safety plan that includes at least one emergency contact and the closest emergency room to your location will be created to be used in the event of a crisis.
- Signing below indicates your consent to receive Zoom links for your virtual appointments via this email: _____
- Payments for virtual appointments must be made prior to the appointment. Payments can be made by calling or sending a check in advance to the Clinical Center (618-453-2361).

The trainees and faculty supervisors will work with you to achieve the best possible results for you; however, it is impossible to guarantee any specific results regarding your counseling goals. If for any reason you are dissatisfied with our services, please let us know. You may report your concerns to Dr. Holly Cormier, Clinical Center Director (618-453-2361).

Please print and sign your name on the lines below to indicate that you have read, understood, and agree to the terms of this consent form. Parents or guardians of minor children, please give your permission for treatment by signing on the appropriate line. Please ask for clarification if you have questions. By signing your name below, you are giving your consent to treatment here at the Clinical Center.

Client's Name (print)

Client's Signature

Date

Verbal
Consent

Parent/Guardian Signature

Date

Verbal
Consent

Witness Signature

Date