

**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: \_\_\_\_\_ tel. 453-2361

Your clinician's supervisor is: \_\_\_\_\_ tel. 453-2361

Each session will be approximately 50 minutes in length. To ensure that you receive the most professional service possible, trainees are supervised "live" from behind a one-way mirror or through audio or video taping of sessions. 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. The Clinical Center provides emergency consultation only during the hours it is open. Other emergency services are available through the Network (549-3351 in Jackson County).

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, Tom Aken in Wham 143.

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).

All clients 12 years of age and older should sign and date both copies of this form. One copy is for you; the other is for your clinician. Please ask for clarification if you have questions.

Client's Signature	Date	Client's Signature	Date
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