Client # _____

INFORMATION AND CONSENT FOR TREATMENT
SIUC CLINICAL CENTER

We are pleased that you have selected the Clinical Center for your counseling services. This document, along with the Fee Information brochure sent to you earlier, is designed to ensure that you understand our confidentiality policy and to inform you about our intake and case assignment procedures.

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 disclosure 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, our fees are lower than those charged by most healthcare professionals. A sliding fee scale provides an additional reduction for those with limited incomes. If you have questions regarding fees and billing policies and procedures, please contact the Accountant, Tom Aken at 453-2361.

Once the report of your intake is completed, it will be sent to the Coordinator of Psychological Services, Dr. Holly Cormier, who will assign you to an appropriate therapist. The therapist in turn will contact you by phone to arrange for your first session. We will make every effort to connect you with a therapist in the shortest amount of time possible. During semester breaks this process may take additional time.

In some instances, the intake process may reveal that the presenting concern(s) is beyond the scope and expertise of our graduate level clinicians. If this is the case, we will make every effort to provide you with referral options, so that you can seek appropriate services elsewhere in the community. A similar referral can be made during the course of therapy at the Clinical Center if it becomes clear a client's needs cannot be adequately met by a graduate level clinician.

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.

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. By signing your name below, you are giving your consent to treatment here at the Clinical Center.

_____	_____	_____	_____
Client's Name (print)	Date	Client's Signature	Date

_____	_____	_____	_____
Parent / Guardian Signature	Date	Witness Signature	Date