

**Southeastern University
Counseling Center**

1000 Longfellow Blvd. ~ Lakeland, Florida 33801 ~ (863) 667-5205

**MISSION AND POLICY STATEMENTS
with INFORMED CONSENT**

Dear Client,

We want to welcome you to the Counseling Center at Southeastern University. We realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of our policies, state and federal laws and your rights. If you have other questions or concerns not addressed in this document, please ask and we will try our best to give you the information you need. In order for us to provide the best care possible, it is important to enlist your cooperation in the coordination of your care. Please read this overview carefully, and indicate that you have read and understand our policies by signing your name and initialing in the spaces provided.

MISSION STATEMENT

Our mission is to provide brief counseling services to full-time Southeastern University students within a safe, Christian atmosphere, where students establish treatment goals and objectives or obtain referrals for longer term professional care.

POLICY STATEMENT

Counseling Benefits:

***Initial*_____**

Counseling services are included as a part of your Student Life fees as a full-time student at Southeastern University. Family members may attend sessions with the student when deemed appropriate. Utilizing a brief therapy model, your counselor will schedule sessions, usually in the 3-5 range, depending on your situation. Most students experience progress after a few sessions, and some only require one appointment. The maximum allowance is five sessions per academic year. We offer individual counseling, pre-marital counseling, group counseling and seminars. Counseling materials (other than an occasional photocopy) are not included, and can usually be obtained for a nominal fee. The counseling center does not address academic concerns such as class schedules, testing, ADA or special accommodations, as these are handled by other offices on campus.

Therapy:

***Initial*_____**

Our counselors work alongside you, as you learn new skills that enable you to live a full and productive life as a student as well as into the future. You and your counselor will develop a treatment plan together, with stated goals and objectives for counseling. Each plan is based on individual needs. As described above in the statement of benefits, we are prepared to provide counseling for issues that are subject to improvement given a relative **brief therapy** mode (1-5 sessions). This implies that we will assess the issues, develop treatment goals and help you determine the best therapeutic track. An integral part of brief therapy is the completion of "homework" between sessions. Students who complete all of their therapeutic homework obtain the most rapid progress. Failure to complete homework may indicate a need to defer counseling. If your treatment requires a longer form of therapy not covered by your student benefit, we will assist you in locating the community resources to help you reach your long-term needs.

Scheduling Appointments:

Initial _____

Appointments are conducted in private offices or conference rooms where conversations can be kept confidential. You must schedule your own appointments, even if referred by another individual. To schedule your first appointment, call the Health Services/Counseling Receptionist at (863)667-5205, or stop by the **Health Services** building and ask for a **Counseling Intake** appointment. Counseling staff will schedule the intake appointment within one week of inquiry, or sooner in the event of an emergency. Your counselor will schedule future appointments at the end of each session, if needed. Please complete an Intake form before the first session. You can download an Intake form from the SEU website to save time, or pick one up from Health Services or the Counseling Suite in Pansler. All counseling appointments are forty-five to fifty minutes in length (although the first session may take a little longer). Appointments may be scheduled weekly, biweekly, monthly, or bimonthly, to be determined on a case-by-case basis. You may discontinue counseling at anytime, however we recommend you attend a final session for closure purposes.

Missed Appointments and Last Minute Cancellations:

Initial _____

You need to make every effort to attend scheduled appointments. You are required to contact the counselor **24 hours in advance** if you need to cancel or reschedule an appointment. On a rare occasion a cancellation may occur only a few hours before the appointment due to unforeseen events, however this is not to become the norm. You should contact counselor to reschedule missed appointments as soon as possible. Missed appointments without 24-hour notification will be deducted from the allotted sessions per year. If two appointments are missed without proper notification, the counselor reserves the right to discontinue counseling due to noncompliance.

Counselor Experience and Credentials:

Initial _____

All counselors have a minimum of a Masters degree and are licensed or licensed eligible in the State of Florida. All counselors are required to maintain confidentiality standards. Some counselors are under supervision as required by Florida law, and may speak with his or her supervisor regarding your case. The counselor will inform the client if he or she is under supervision. Please ask your counselor for specific information regarding his or her experience and credentials.

Confidentiality:

Initial _____

What you say in counseling is confidential, or secret. Counselors maintain a file on each client in accordance with Florida Law. Files are stored on campus in a locked filing cabinet in a locked office. All electronic documents are stored on a secure server. Your counseling records are protected under state and federal law. Southeastern administration, faculty and staff do not view your records unless you have signed a release for them to do so, or if your counselor deems it necessary in accordance with the following exceptions, or for the purpose of administration of the counseling office. Specific exceptions to confidentiality, when the secrecy may be broken, are listed below:

- Potential threat of harm to self, harm to others, abuse and/or neglect situations involving children, aging adults or dependent individuals.
- Court orders to release information, or when you agree to the waiver in writing. When more than one person in a family is receiving therapy each family member must agree to the waiver in writing. When students live in the community called Southeastern University, they may choose to sign a release of information for their counselor to speak with referral sources such as resident directors (when applicable) or other Southeastern personnel.
- Some counselors are under supervision as required by Florida law, and may speak with his or her supervisor regarding your case. The counselor will inform the client if he or she is under supervision.

Phone Calls and email:

Initial _____

Telephone and email are not secure environments, so please limit to scheduling or canceling appointments. Counseling will not be conducted over the phone or via email. Counselors will return all phone calls within one business day. Your counselor will leave a message if you have notified him or her that it is a secure line.

Audio/Video recording:

Initial _____

Counseling sessions may be recorded for training and/or review of the session. This will only happen with your consent, and your counselor will let you know in advance. Recordings may be reviewed by your counselor and/or his or her supervisor. All records are stored in a locked filing cabinet in a locked office.

Students referred due to discipline issues:

Initial _____

If a student is referred due to a discipline issue, a release form must be signed prior to the first visit, enabling the counselor to update the discipline coordinator regarding compliance. The student may miss only one appointment without prior notice and only two appointments with prior notice. If a student misses two appointments without prior notice or three appointments with prior notice, counseling will be terminated, with this action being reported to the discipline coordinator. The counselor has the right to terminate counseling at any time, with the reasons being explained to the student and written in a memo to the discipline coordinator.

Emergency Procedures:

Initial _____

In the event of a life-threatening emergency, call the **Polk County Emergency Operator, 911**. For emergency assistance after business hours, go immediately to the nearest hospital emergency room. On-campus students may also contact their Resident Director for assistance and direction. In the event of a hospital admission due to mental health reasons, it is important to follow up with an SEU campus counselor to monitor your follow-up and progress. Please contact your counselor or the Counseling Receptionist at (863) 667-5205 upon discharge to schedule a ***post-hospital follow-up appointment***. Post-hospital follow-up appointments are usually scheduled within two business days of discharge.

Coordination of Care:

Initial _____

If you are currently seeing a counselor outside our system, please continue with your treatment. It is generally in your best interest ***not*** to switch from one provider to another during the course of treatment. If you terminate therapy with your outside therapist, you may consider providing a copy of those records to your Southeastern counselor at the intake appointment. You may request a Release of Information from the counseling office to expedite the retrieval of your records.

Your counselor may recommend external professional services. This often happens when you need a referral for treatment which extends beyond our services. These may include but are not limited to counselors, community services, support groups, medical examinations, psychiatric evaluations, psychological evaluations, etc. Although your participation in these therapeutic interventions is voluntary on your part, we urge you to comply with each recommendation. Your counselor will provide a summary to the referral source if you authorize him or her to do so.

If you have any questions regarding these policies, please ask your counselor when you arrive for your intake appointment, before the session begins. We trust your experience with the Counseling Center will be fruitful. God Bless you in your journey!

"BUT TRUE WISDOM AND POWER ARE WITH GOD; COUNSEL AND UNDERSTANDING ARE HIS."

JOB 12:13

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Informed Consent

This acknowledges that I have read and understand the Southeastern University Counseling Center's Notice of Privacy Practices and Client Rights, and Mission and Policy Statement. By signing below, I consent to counseling services as provided by Southeastern University's Counseling Center.

*I have read the **SEU Counseling Mission and Policy Statement**. I understand its contents, and I consent to counseling in accordance with these policies.*

Client Signature

Date

*I have read the **Notice of Privacy Practices** and I understand its contents.*

Client Signature

Date

*I grant my permission to be **audio/video recorded**, for the purpose of supervision and/or review by my therapist.*

Client Signature

Date

If client is under the age of 18, a parent/guardian must also sign below:

I/we consent that _____ may be treated as a client by
_____ (counselor) at SEU's counseling center.

Parent/Guardian

Date

For Office Use Only

Unable to obtain the client's signature because:

___ Emergency Treatment/client was in distress. Client verbally granted consent to initiate treatment.

___ Client discontinued treatment before forms were signed.

___ Client waived his/her rights to read the Notice of Privacy Practices.

___ Other: _____

Counselor's Signature and Credentials

Date

Place the original signed form in client's file. Rev. 12/16/08.