



# Albion College

## Counseling Services

2020-2021

*Providing information is voluntary.* The information you do provide below is used to help us understand your concerns and provide the best service for you.

Date \_\_\_\_\_

Legal Name \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Preferred Name \_\_\_\_\_ Pronoun \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_@albion.edu Campus House \_\_\_\_\_ KC Box \_\_\_\_\_

International Student \_\_\_Yes \_\_\_No If yes, what is your home country? \_\_\_\_\_

Student ID# \_\_\_\_\_ # of Units This Semester \_\_\_\_\_ Major \_\_\_\_\_ Overall GPA \_\_\_\_\_

**Residence**

- \_\_\_ Residence Hall
- \_\_\_ Campus Apartment
- \_\_\_ Fraternity House
- \_\_\_ Off Campus (local)
- \_\_\_ Other

**Living Situation**

- \_\_\_ Alone
- \_\_\_ Roommate (s)
- \_\_\_ Partner/spouse
- \_\_\_ Parents

**Academic Standing**

- \_\_\_ First Year
- \_\_\_ Sophomore
- \_\_\_ Junior
- \_\_\_ Senior

**Do you think of yourself as:**

- \_\_\_ Bisexual
- \_\_\_ Heterosexual
- \_\_\_ Lesbian
- \_\_\_ Gay
- \_\_\_ Other

**Institute Affiliation**

- \_\_\_ Gerstacker
- \_\_\_ Environment
- \_\_\_ Shurmur
- \_\_\_ Honors
- \_\_\_ Pre-Med/Health Care
- \_\_\_ Ford

**Race/Ethnic Origin (Optional)**

- \_\_\_ Black/African American
- \_\_\_ Asian/Pacific Islander
- \_\_\_ White/Caucasian
- \_\_\_ Hispanic/Latina(o)
- \_\_\_ Native American
- \_\_\_ Multi-racial
- \_\_\_ Other (specify) \_\_\_\_\_

Religion: \_\_\_\_\_

Nonacademic Work (hr/wk) \_\_\_\_\_

Type of Work: \_\_\_\_\_

Team Sports: \_\_\_\_\_

Were you referred to Counseling Services? \_\_\_Yes \_\_\_No If yes, by whom? \_\_\_\_\_

Have you ever been seen at Counseling Services before? \_\_\_Yes \_\_\_No If Yes, by whom? \_\_\_\_\_

Do you have a preference for working with a Male or Female Counselor? \_\_\_Yes \_\_\_No Preference: \_\_\_Male \_\_\_Female

Is your counseling appointment because of legal or disciplinary issues? \_\_\_Yes \_\_\_No

Have you received counseling elsewhere? \_\_\_Yes \_\_\_No If Yes, where/when? \_\_\_\_\_

Are you currently taking any medications or herbal supplements? \_\_\_Yes \_\_\_No If yes, please indicate which herbs or medications and dosage you are taking:

**Contact Information**

May we contact you about appointment changes by telephone? \_\_\_Yes \_\_\_No Cell Phone Number \_\_\_\_\_

Leave a phone message? \_\_\_Yes \_\_\_No Contact you by e-mail? \_\_\_Yes \_\_\_No

Write you at your campus address? \_\_\_Yes \_\_\_No



## SCHEDULE

To help facilitate the scheduling of your appointment, please mark an "X" through the hours that you are **NOT** available to be seen by a counselor.

Time	Day	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-9:00 AM						
9:00-10:00						
10:00-11:00						
11:00-12:00 PM						
12:00-1:00						
1:00-2:00						
2:00-3:00						
3:00-4:00						
4:00-5:00						



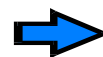
# Albion College

## Welcome to Counseling Services

We all experience times of change and transition in our lives. Sometimes this process is orderly and understandable. At other times it can be rapid, chaotic, and upsetting. Understanding, coping, and dealing with these times can be difficult. When we need help, we often turn to family and friends. Sometimes we need the assistance of a professional trained to work with people in the process of exploring and solving problems in their lives. We would like to welcome you to Counseling Services (CS) with the hope that our services will be helpful to you. This document contains important information about the services and policies of CS. Please read it carefully and jot down any questions that you may have about the information. This document gives you an opportunity to give consent for counseling.

### **The Mission**

Counseling Services (CS) assists students to overcome personal, emotional, and psychological issues that may negatively impact their ability to reach their academic goals and to make the most of their educational experience at Albion. CS educates students about mental health and wellness issues and teaches them about healthy lifestyle choices. CS strives to assist students in acquiring the skills, attitudes, and resources necessary to both succeed in the college environment and pursue satisfying and productive lives. CS is committed to meeting the special needs of individuals from diverse backgrounds, including differences of culture, race, religion, socioeconomic status, gender, ability, and sexual/affectual orientations.



### **Description of Counseling Services**

The following services are provided at Counseling Services: intake evaluation and disposition; emergency services, 24 hours/day, 7 days/week; individual counseling; couples counseling; alcohol and other drug assessments; short-term alcohol and drug counseling; time-limited psychotherapy groups; structured psychoeducational groups; consultation with students, faculty and staff; psychiatric consultation, evaluation and treatment; programs and workshops for campus groups; and off campus referral.

### **Cost of Services/Eligibility**

All currently enrolled Albion College students are eligible for services. There is no charge for utilizing Counseling Services. The actual number of counseling visits is determined individually. Students with concerns that may require long-term individual therapy may be referred to mental health professionals in the community. Students may also be referred off campus if there is an extended wait list for services. If you are referred off campus for psychological service, you will be responsible for any fees that you may incur. You may be covered by your family insurance or by the College insurance plan for these services. If you have questions about your specific situation, please discuss this with your counselor before accessing off-campus services.

### **Accessing Counseling Services**

Individual appointments are approximately 50 minutes in length. We make every effort to schedule an appointment as soon as possible. After your first appointment, your counselor will assist you in scheduling additional appointments. If you need to cancel or reschedule an appointment, please contact the CS at 629-0236 at least 24 hours in advance. If you repeatedly schedule appointments and do not show up for them, we may not be able to provide service to you. Emergency appointments are available to students who may be experiencing a crisis situation. Emergencies during office hours are handled immediately at the CS. In the case of an evening or weekend crisis, call Campus Safety at 629-1234. The on-call counselor will contact you as soon as possible. The student, or anyone referring the student, may request emergency scheduling.

### **E-Mail Policy**

We welcome your interest and contact. We also value your privacy. Please consider the following information prior to sending us e-mail: E-mail is not an appropriate medium for individual questions regarding personal counseling. It is most appropriate for requesting general information regarding services, resources, or other campus information. Our staff does not respond to inquiries from our clients regarding specific counseling issues. Confidentiality is essential to the counseling process and cannot be assured with e-mail. We cannot guarantee that the contents of an e-mail message will remain confidential. While we will do our best to keep your communication private, e-mail usage can be monitored and others may read the content of your personal messages. Staff access to e-mail is also limited to Counseling Services work hours. There is no expectation that CS staff will check e-mail after hours. Also, you have no way of knowing if a specific staff member is unavailable due to illness, vacation, or other reasons. This means that your message may not be read immediately. E-mail should *never* be used for urgent communication of any sort. If time is of particular concern for you, please always call the CS office.

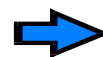
## **Informed Consent**

### **Purpose and Nature of Services to be Provided**

Psychologists and counselors help clients with mental or emotional difficulties such as depression or anxiety, interpersonal or family problems, personality problems, adjustment difficulties, grief recovery, rehabilitation, or when psychological factors may affect physical symptoms such as pain. Psychology consultation and psychotherapy are intended to help the individual reach a better understanding of specific problems and, at times, work toward resolution of this problem, symptom relief, improvement in day to day functioning, or simply offer support in problem solving.

### **Methods and Procedures and Risks and Benefits of Counseling**

Initially, a psychologist will conduct a clinical interview---a guided discussion---with the patient to assess the nature of the problem. Outside records or discussion with important family members will sometimes be requested (for which a release of information will be necessary). Psychological therapy, or psychotherapy, is a joint effort



between the psychologist or counselor and the client to alleviate the problem. Progress depends on many factors such as the complexity and duration of the problem, the skill of the psychologist, the motivation of the patient, and other life and situational circumstances. While results cannot be guaranteed, most patients/clients find that they benefit from psychotherapy. The therapist and the client should agree on specific goals for therapy such as symptom reduction, improved communication and/or interpersonal skills. The therapeutic approach employed will vary and should be discussed directly with the psychologist or counselor.

As with any powerful treatment, there are some risks as well as many potential benefits. You should always think about both the risks and the benefits before making a treatment decision. Although there are no guarantees about what will happen, therapy often leads to a significant reduction in feelings of distress, better relationships, resolutions of specific problems, and generally feeling better. Therapy can result in individual change and unleash strong feelings. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, anger, guilt, anxiety, frustration, loneliness, helplessness or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother you at work, school, or home. Also, some people in the community may erroneously view anyone in therapy as weak, perhaps seriously ill, or even dangerous. Also, clients may have problems with people that are very important in their lives. You should be aware of the possibility for potential family and/or relationship strain that may occur during therapy. Sometimes, too, it is possible for a client's problems to worsen immediately after beginning therapy. Most of these risks are to be expected when people are making important changes in their lives. Finally, it is important to note that even with the best effort on the part of both of us, therapy may not work out well for you.

### **Confidentiality**

**Counseling records are confidential.** Counseling Services maintains records as regulated by the State of Michigan Mental Health Code. Maintenance of records is in accordance with professional, legal, and ethical guidelines. Other than authorized CS staff, no one has access to those records unless students release them in writing. They do not become part of academic files, and even the fact that students have come to the CS is not divulged to anyone without their permission. Your conversations with your counselor, your records, and the results of psychological tests are treated as strictly confidential within CS. If you want any of this information shared with any person outside of CS, you must sign a release of information allowing us to do so. Since your Counseling Services records are not part of your academic or administrative records, they are only available to you and the CS staff. You are entitled to access to your records, unless it is believed that seeing them could be emotionally distressing, in which case, we will be happy to provide them to an appropriate mental health professional of your choice. To reduce the possibility of misunderstanding, we recommend that we review them together so that we can discuss what they contain.

Exceptions to this are determined by Michigan State Law and may occur in the following situations: a) If we believe that a vulnerable person, including a child or elderly person, is being abused or neglected, we are required to report to the appropriate agency. b) If we believe that you are threatening imminent serious bodily harm to another, we may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, and involving other Albion College Student Affairs professionals as needed, including staff from Residence Life, Campus Safety, and the Dean of Students. c) If we believe you are in imminent danger of hurting yourself we may be obligated to take action such as seeking hospitalization for you or contacting family members or others who can help provide protection. To ensure your safety, we may also involve other Albion College Student Affairs professionals including staff from Residence Life, Campus Safety, and the Dean of Students. d) If you file a suit against a psychologist or counselor in Counseling Services for breach of duty. e) Courts may, in some legal proceedings such as child custody or those in which your emotional condition is an important issue, order the release of counseling records or testimony. f) If you waive the right to privilege or give written consent to disclose information. g) Disclosures may take place between other professionals or supervisees directly involved in your treatment or diagnosis. h) Individuals under 18 years of age requesting services should understand that parents/legal guardians have the right to request information from the counselor. i) Information contained in communications via mechanisms/devices with limited security/control, such as e-mail and telephone conversations/contact. CS staff may occasionally find it helpful to consult about a case with other professionals regarding treatment, diagnosis, or other pertinent issues. In these consultations, every effort will be made to keep identifying information confidential. The consultant is, of course, legally bound to keep the information confidential. Unless you object, your counselor will not tell you about these consultations unless he/she feels that it is important to your work together. If students have any questions about these policies, they should discuss them with the Director of Counseling Services.



**Medication:** If you are receiving prescriptions for medication from the Counseling Services consulting psychiatrist, these medications will be entered into the Student Health Services medication data base. This information contained in this data base is maintained for the purpose of continuity of care and treatment in order to meet your healthcare needs. The information in the medication data base is confidential.

Please note: The exceptions to confidentiality are extremely rare. However, if they should occur, it is CS policy that, whenever possible, we will discuss with you in advance any action that is being considered. Legally we are not obligated to seek your permission, especially if such a discussion would prevent us from securing your safety or the safety of others. If disclosure of confidential information does become necessary, we will release only the information necessary to protect you or another person or required by law. While the above exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns that you have with your psychologist or counselor. The laws governing these issues are quite complex, and the CS staff are not attorneys. While we are happy to discuss these issues with you, should you need specific legal advice, legal consultation is recommended.

To better serve students and evaluate the effectiveness of our counseling services, Counseling Services occasionally collects feedback in the form of questionnaires regarding the services you receive. Participation is strictly voluntary and does not affect your right to receive services. All information is kept in strict confidence. Interested individuals who provide the data may contact CS for a summary of results.

If you have any questions after reading this statement, please discuss them with your counselor.

I have read this document in its entirety and fully understand the meaning of the information provided. I understand that there are both risks and benefits associated with counseling as described above. I agree to these conditions for services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

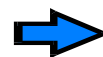
I understand that if I see a medical provider for a psychiatric evaluation or medication through Counseling Services, my insurance will be billed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

Prior to starting telephonic or video-conferencing services (hereafter referred to as telepsychology), we discussed and agreed to the following:

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.
- You need to use a webcam or smartphone during the session.



•It is important to be in a quiet, private space that is free of distractions (including cellphone or other devices) during the session.

•It is important to use a secure internet connection rather than public/free Wi-Fi.

•It is important to be on time. If you need to cancel or change your tele-appointment you must notify the psychologist in advance by phone or email.

•We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.

•We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.

•As your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our session's in-person or, if that is not feasible, we should refer to a provider in your community.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_

