



Office of Counseling & Student Success Consent for Services

May 2021

We want to welcome you as a client and appreciate the opportunity to serve you. This form is an agreement that gives permission to Emmanuel College Office of Counseling & Student Success to provide services to you. It is also designed to provide you with information to answer some of the questions you may have regarding your visits to this office and to help you use our services more effectively. Please read this sheet carefully and direct any questions to Office of Counseling & Student Success personnel.

1. I am requesting services provided by Emmanuel College Office of Counseling & Student Success.
2. I hereby give my consent for evaluation, treatment, and/or support from Emmanuel College Office of Counseling & Student Success.
3. Campus Counselor Jessica Middlebrooks practices under a professional license (LPC) and can provide “professional mental health counseling” . In situations where professional or long term mental health counseling is needed, the appropriate referral will be made.
4. I have been oriented to the counseling services provided by Emmanuel College.
 - a. I understand that services will be discussed and planned with my needs and desires in mind.
 - b. I understand that the meetings will be approximately 45 minutes in length.
 - c. If I’m late to an appointment, I understand that we may not get a full 45 minutes.
 - d. I agree to give notice of my need to cancel or to reschedule an appointment.
 - e. If I miss appointments consistently without notification (2 in a row), I understand any future appointments may be cancelled, and if I want to come back to counseling I may lose my time slot.
 - f. I understand that the Office of Counseling & Student Success personnel may include the Clinical Supervisor of the Office of Counseling & Student Success, a part-time counselor, pastoral counselor, or a counseling intern. All personnel are licensed professionals or supervised by licensed professionals.
5. I agree to provide accurate and complete information to the Office of Counseling & Student Success and to update this information as changes occur.
6. I understand that all professional communication between client and counselor will be held in confidence and will not be revealed without my (or a parent, in the case of a minor) written authorization to release this information, excepting the following situations (in accordance with Federal Law):

- a. Notification in the event my condition or behavior endangers myself or other persons (harm to self or harm to others)
 - b. Situations of child or elder abuse, neglect, or endangerment
 - c. It is also possible that a court of law could require me to release information.
 - d. It should be noted that client records are the jurisdiction of the Office of Counseling & Student Success. Consultation with other professionals regarding your case may take place, without your name or identifying information being disclosed. Your case (along with identifying information) may be discussed with the Clinical Supervisor of the Office of Counseling & Student Success at any time. The Clinical Supervisor is bound by the same confidentiality guidelines set forth above.
7. If your counselor feels that the situation warrants, he/she will take necessary steps to ensure your safety. These steps may include, but are not limited to: external evaluation by a doctor or other professional, in a private setting or at a hospital or clinic (any cost incurred will be the responsibility of the student), notification of appropriate Student Development or Administrative personnel, notification of parent, legal guardian, or next of kin.
 8. I have read a description of my rights as a client of Emmanuel College Office of Counseling & Student Success. All my questions about these rights have been answered, including how to file a complaint.
 9. Emergencies: In case of emergency you may contact the Student Development Center at 706-245-2881 or your Residence Director after 4pm and on weekends. If in a crisis, you may dial 911 or go to the hospital emergency room.

Client Rights

This facility strives to provide the best quality of services to its clients. When you receive services at Emmanuel College, your rights are protected. These rights are summarized below.

- *The right to receive care suited to your needs*
- *The right to receive services that respect your dignity and protect your health and safety*
- *The right to be informed of the benefits and risks of your treatment*
- *The right to participate in planning your own treatment*
- *The right to prompt and confidential services*
- *The right to review and obtain copies of your records, unless staff feels it is not in your best interest*
- *The right to exercise all civil, political, personal, and property rights to which you are entitled as a citizen*
- *The right to be free of physical and verbal abuse*
- *The right to file a complaint if you think any of these rights have been restricted or denied*

I, _____, have read the above information and request services provided by Emmanuel College Office of Counseling & Student Success. My signature below indicates my understanding of and agreement with all of the above statements.

Signature of Client

Date

Signature of Parent or Legal Guardian (for students under 18 years of age)

Date

Signature of Witness

Date