

OSU CASCADES
Master of Science in Counseling Program Practicum and Internship

**CLIENT INFORMED CONSENT TO TREATMENT
AND PROFESSIONAL DISCLOSURE STATEMENT**

About Us

The Master of Science (M.S.) in Counseling has been taught at the OSU Cascades campus since 2004. Students in the program are required to counsel with clients for a specific amount of hours during their training. The counselors are graduate students earning a Master's degree in Counseling. Counselors are supervised closely by OSU counseling faculty. All student counselors have undergone rigorous training and are qualified to provide counseling services under clinical supervision.

Protected Health Information (PHI)

Record keeping for counseling sessions is a requirement by Oregon State law. All information about you is considered to be protected health information (PHI). Your PHI will be shared only with OSU faculty and students providing mental health care services and training regarding the same.

As part of their program and clinical supervision requirements, student counselors electronically record their counseling sessions. These recordings are reviewed during clinical supervision for the purposes of facilitating the learning and competency of the counselor. Recordings are kept secure and confidential, and they are never shared with any person who is not affiliated with the clinic. Recordings are erased after the clinical requirements have been met.

Responsibilities of Your Counselor and the Counseling Center

Your student counselor is responsible to be punctual and available during your scheduled appointments, to return phone calls in a timely manner, to be honest and candid about your counseling (including recommendations), to practice in an ethical and legal manner, and to keep people physically safe.

Your student counselor undergoes regular and rigorous clinical supervision from program faculty. If you feel your counselor has not acted responsibly, please call Erika Myers, Clinical Director, at **541-322-3127**. You also have a right to express dissatisfaction with your experience through our formal grievance procedure policy.

Risks to Counseling

It is important for you to know that there are risks involved with counseling. For example, some people experience an increase in stress, particularly during the early stages of counseling. Some problems might seem to get worse before they get better. These occurrences are natural. Other risks may occur as well, depending on the situation. Please ask your student counselor about what risks you can expect.

It is important to note that your counselor is a student undergoing training. If your situation changes so that your student counselor is no longer competent to meet your needs, the clinical supervisor will consult with you to either (a) match you with another counselor who can meet your needs, or (b) give you a referral to another counselor in the community.

Confidentiality & Exceptions to Confidentiality

Your counseling is confidential, which means that the things you discuss with your student counselor are private and protected by Oregon State law. Except under the circumstances listed below, your counselor will not share any information about you unless you give written permission to do so. Written permission is given in a signed document called a Release of Information.

Your student counselor undergoes regular clinical supervision as a requirement of her or his graduate training program. Therefore, session notes, videotapes, and other documentation will be reviewed by a clinical supervisor in both an individual and group format. These materials will be kept confidential as per Oregon State Law and the American Counseling Association Code of Ethics.

There are some circumstances in which a counselor must share information without a client's consent. These circumstances are unusual. These circumstances are defined by Oregon State law and include the following:

- If your student counselor learns of a specific intent to harm yourself or another person, or to commit an act of violence, it is the counselor's responsibility to protect you and others. The counselor will inform a family member, an intended victim, or law enforcement as appropriate.
- If your student counselor learns that harm or abuse has been done to a child (age 17 and younger), an elderly person, a disabled person, or a mentally ill person, the counselor will make a mandatory report to the appropriate authorities.
- If your student counselor is subpoenaed or court ordered to testify in court or to submit records, she or he may have to give information about you without your permission. Should that situation arise, your counselor will make an effort to contact you. If your student counselor is not available, the instructor and/or clinical supervisor will disclose this information or appear in court.

Please discuss any concerns about your privacy with your student counselor at your first meeting or at any other time that privacy becomes a concern for you.

Research

OSU routinely performs research studies. You may be asked to give a rating of your progress at each session or at the end of your experience. These ratings are kept confidential as part of the session note, and if the results are analyzed statistically all protected health information (PHI) is removed. You also may have the opportunity to participate in other research studies. If you are a research participant, you will be given the appropriate disclosures and information for that particular study.

Legal/Court Proceedings

Our aim is to support clients to achieve counseling goals, not to address legal issues that require an adversarial approach, such as divorce or custody proceedings. Individuals entering treatment are agreeing not to involve the student counselor, clinical supervisor, or OSU in legal or court proceedings or attempt to obtain records of treatment for adversarial legal or court proceedings. This policy prevents misuse of counseling for legal objectives.

Additionally, we do not formally diagnose mental health conditions. While your student counselor may discuss diagnostic impressions with you as the situation calls for it, she or he will not document a formal mental health diagnosis.

Financial Information

There is no cost for services.

Appointments and Cancellations

Sessions are scheduled by appointment and are usually 45-50 minutes long. Please call immediately to cancel an appointment. You may do so by calling **541-322-2047**. Late cancellations or missed appointments may result in you forfeiting your counseling privileges. Arriving late for your appointment may result in the loss of that week's session. Please make a priority to attend every scheduled session. Parents and/or guardians of minors are required to remain on site during the counseling session.

You may leave a voicemail at any time at **541-322-2047**. When leaving a voicemail, please give your full name, a phone number where you can be reached, the name of your student counselor, and the date and time of your appointment. All voicemails are confidential.

Mental Health Emergencies (Harm to Self or Others)

We do not provide 24 hour mental health emergency coverage. If a mental health crisis occurs, which is defined as imminent harm to yourself or others, please contact one of the following:

9-1-1

Deschutes County Behavioral Health Crisis Line: **541-322-7500 (ext. 9 after hours)**

Local Emergency Rooms:

St. Charles Hospital-Bend, 2500 NE Neff Road, Bend, OR 97701, **(541) 382-4321**

St. Charles Hospital-Redmond, 1253 NW Canal Blvd., Redmond, OR 97756,
(541) 548-8131

Pioneer Memorial Hospital-Prineville, 1201 NE Elm St., Prineville, OR 97754,
(541) 447-6254

AGREEMENT TO INFORMED CONSENT TO TREATMENT

I have read, or have had read to me, the above information and have had an opportunity to ask questions about it. I understand my rights to privacy, the exceptions to my rights to privacy, and that there are risks associated with counseling. I hereby consent to treatment, or, in the event that my child is involved in counseling, I hereby give my consent for that child's treatment and affirm that I am the legal guardian with the authority to authorize mental health services. I also agree to abide by the cancellation policies outlined above.

Client:

Print Name

Sign Name

Date

Client Guardian (Minor):

Print Name

Sign Name

Date

Student Counselor:

Print Name

Sign Name

Date

Clinical Supervisor:

Print Name

Sign Name

Date

AGREEMENT TO INFORMED CONSENT TO TREATMENT-CLINIC COPY

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Sign Name

Date