Consent for Treatment

I have read the Texas State Counseling Center Notice of Privacy Practices handout and Important Information for Clients brochure. I understand that counseling is a collaborative process between counselor and client, the results of which cannot be guaranteed. There are many different methods that may be used to deal with the problems I hope to address, and I agree to make an active effort to work on these issues both during and between counseling sessions. I also understand that counseling can have both benefits and risks. Since counseling often involves discussing unpleasant aspects of life, I may experience uncomfortable feelings such as sadness, guilt, helplessness, and anger. However, therapy frequently has significant benefits which I may also experience such as improved relationships, solutions to specific problems and a reduction in feelings of distress.

I understand that the Counseling Center operates as an agency made up of many counselors and that I am a client of the agency. My counselor will be assigned/reassigned by the Counseling Center based on best match and availability. Counselors within the Counseling Center have access to my Counseling Center record. In addition, in order to provide the most effective and comprehensive services, the Counseling Center clinical staff may consult with health care providers in the Student Health Center when I have been or will be referred from one center to the other.

I understand that all aspects of my participation in counseling at the Counseling Center are confidential as required by federal and state law unless I specifically authorize release to an outside party. I have been informed there are exceptions to confidentiality which may require my counselor to disclose confidential information without my permission (e.g., to report suspected child, elder, or therapist abuse; to obtain assistance with medical or law enforcement personnel if I am judged to be a danger to myself or others; in response to a court order; and other circumstances as required or allowed by law).

I have read and I understand what my rights and responsibilities are in entering into a counseling relationship at the Texas State University Counseling Center. I agree to show up for (or cancel) scheduled appointments, to seek medical/psychiatric consultation if recommended, and to follow a crisis safety plan if needed. If I am assessed to be in crisis, the Counseling Center may contact any persons who can help facilitate my care (e.g., other professionals, referral sources, family or friends identified as potential resources, etc.). If I have any questions about my rights, responsibilities, privacy, and/or the operations of the Counseling Center, I may ask my counselor or another staff member.

My signature by Student ID number indicates I have read the above and agree to abide by it. It also indicates I have received the Notice of Privacy Practices and Important Information for Clients. Enter your Student ID number to verify your consent: