

Counseling for Faculty and Staff
Institute for Health and Human Services
Appalachian State University

Informed Consent & Notice of Privacy Practices

Information you provide here whether through verbal, written or electronic means is confidential. This means that the information will not be shared with university personnel, your family or others with the following exceptions:

- 1) You give written permission
- 2) You give information which gives us cause to suspect that a child under 18 or a disabled adult has been abused, neglected or has died due to maltreatment.
- 3) Your confidential information may be disclosed to protect you or others from a serious threat of harm by you, or may be disclosed to medical personnel in a medical emergency.
- 4) If you are involved in a court proceeding, your records may be released if the court so orders.
- 5) If you file a Worker's Compensation claim, we are required by law to provide information relevant to the claim to your employer and the North Carolina Industrial Commission.
- 6) A counselor's professional licensing board in North Carolina may have the power to subpoena relevant records should your counselor be the focus of inquiry.
- 7) If a crime is committed by a client at the university or against the university or university personnel or when there is a threat to commit such a crime, disclosure of relevant information may occur.

Fortunately these situations do not occur frequently. Please talk to your counselor if you have questions about confidentiality. Violation of state and federal laws regarding confidentiality is a crime.

Counseling staff may consult about a case with other health and mental health professionals who are also legally bound to keep the information confidential. During such consultations, every effort is made to avoid revealing the client's identity. Disclosure may be made in non-identifiable form to qualified personnel for research, audit, or program evaluation.

You may examine and/or receive a copy of your clinical record unless the record makes reference to another person or unless access is reasonably likely to cause substantial harm to yourself and/or others. Should you wish to examine your record, we recommend you initially review it in the presence of your counselor or have it forwarded to another mental health professional so you may discuss the contents with that mental health professional. If your request for access is denied, you have a right of review.

You may request that your record be amended. You may request restrictions on which information is disclosed to others. You may request an accounting of most disclosures that you have not authorized.

Parents with legal custody may consent to treatment of their minor child. Under NC law, both parents may examine the records of their children under 18 unless a court order states otherwise. However, it is recommended that such review occur with the agreement and in the presence of the counselor. We may request court documents verifying legal custody when necessary.

If your supervisor or other administrator has referred you here, we will release information about the date, content or progress of any session only with your written release.

At times it may be necessary to refer you to another counselor, agency or facility because we are not able to provide the services you need.

Counseling varies depending on the personalities of the counselor and client and the problems you are experiencing. In the initial sessions, we will explore your present concerns, your history, and evaluate how we may best serve you. Sometimes counseling involves discussing difficult issues, and you may experience unpleasant feelings. On the other hand, counseling may lead to better relationships, help solve specific problems and reduce distress significantly. There is no guarantee of what you will experience. However, counseling will have the best chance of success if you participate actively in sessions and work on issues we talk about between sessions as well.

- I understand that CFS provides short-term counseling with a maximum of 10 sessions free per calendar year unless there is an emergency.
- I have received a copy of this form.

Name _____

Client's Signature _____

Date _____

Counselor's Signature _____

Date _____