UNIVERSITY HEALTH, WELLNESS AND COUNSELING SERVICES

IMPORTANT INFORMATION ABOUT COUNSELING SERVICES…PLEASE READ CAREFULLY

1. UMSL Counseling Services provides counseling that is primarily short-term in nature, defined as 10 counseling sessions per 12-month period. The first meeting is a “Screening Intake,” in which we will identify your major concerns and make recommendations for the future. Please note that in some instances the best course of action may involve referral to another counselor on our staff or to an off-campus service. If we determine that your needs exceed the scope of our services, we will work with you to find a more appropriate referral.

2. You can be assured that your counseling sessions will remain confidential. The fact that you have used our services will not become part of your University record. No information is released without your knowledge or written consent, except for those rare instances where we are required by law or by court order to reveal particular information. In an emergency situation, where a person demonstrates a high probability of harming themselves or others (or in the case of suspected child or elder abuse), the staff is legally required to release information to relevant persons to ensure safety.

3. Your initial consultation session with a counselor is free of charge. If you decide to continue counseling, there will be a $10 per session service charge for sessions. This charge is paid to the receptionist before each session. If you find this fee to be unmanageable, please speak with your counselor about alternate arrangements.

4. Because we are a teaching-training center, permission may be requested to record interviews. Recorded interviews are used for training and quality control and may on occasion be used for supervisory purposes. Recordings are eventually erased and are not part of any permanent record. Permission to record sessions: _____ (Please initial.)

5. In order to evaluate our services, you may occasionally be asked to fill out a follow-up evaluation. Permission to email an evaluation form to you: _____ (Please initial.)

6. Emergency Contact: Name: __________________________ Relationship: __________________________
   Home Phone: __________________________ Work Phone: __________________________
   This number may be used in the event of a life-threatening emergency_____ (Please initial)

7. We often have a waiting list of students who need an appointment. If you are not able to come for a scheduled appointment, please be sure to call our office as soon as you know you must cancel (516-5711). Not showing up for an appointment or cancelling less than 24 hours in advance will result in a $10 late cancellation/no show fee. If you do not cancel or show up for a scheduled appointment, we will assume you are no longer interested in our services and will remove your name from our appointment book.

Please note: We welcome any feedback that will help us be of further assistance to you. If you are unhappy with any aspect of our services, please let us know.

I have read and understand the above explanation of counseling services:
Name (signed) __________________________________________ Date__________________

PLEASE TAKE ONE COPY OF THIS FORM FOR YOUR INFORMATION

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