



Informed Consent for Counseling Services CounselingSuccess@ColumbiaState.edu

Counseling Services: The following academic and counseling services are offered here at Columbia State for **FREE**: 1) mental health screening/assessment; 2) anxiety/depression symptom management; 3) crisis management; 4) relaxation techniques; 5) short-term solution focused therapy; and 6) community referrals.

Services Not Provided: Limited resources, such as time or training/experience, may prevent counselors from treating all issues and disorders. Long-term, intensive mental health counseling is not available for the following: 1) academic advising (see your advisor); 2) substance dependence or abuse; 3) domestic violence; 4) suicidal or homicidal intent; 5) self-injurious behavior; 6) sexual abuse issues; 7) mood disorders or personality disorders; and 8) eating disorders.

Therapy Results: Your counselor is a **TN Licensed Professional Counselor with Mental Health Provider Status (LPC/MHSP) or Licensed Clinical Social Worker**. Counseling includes Cognitive-Behavioral Therapy as well as brief Solution Focused Therapy and other therapy techniques. Results of therapy are not guaranteed as there are many variables, such as your motivation for treatment and whether you do the work recommended both in- and out of the therapy session. In fact, you may experience feeling worse than before you sought counseling simply because your counselor caused you to see things from a different perspective or you were able to see things you may have blocked or ignored previously. There are risks as well as benefits to mental health counseling.

Team Approach: Our counselors occasionally consult with each other for peer review and training purposes. Your signature below indicates you give your counselor permission to consult with other Columbia State Counseling Staff and Disability Services team members and/or supervisors for professional purposes.

Confidentiality: Counselors adhere to a professional code of ethics, and TN law protects the privacy of all communications between clients and their provider. In most situations, counselors cannot release information about your treatment to others without your signed, written permission. Exceptions to confidentiality include: 1) physical, sexual or emotional abuse of a child or vulnerable adult; 2) your counselor believes the information needs to be revealed to protect you or someone else from harm; and 3) court order signed by a judge (not subpoenas).

Clinical Records: TN laws and standards of the counseling practice require that information about you is kept in the clinical record: 1) reasons for seeking therapy; 2) how your problem affects your mental health and personal life; 3) your mental health diagnosis; 4) screenings and assessments findings; 5) treatment goals and your progress toward goals; 6) medical, social, and treatment history; 7) past treatment records received from other providers; 8) professional consultations, and 9) reports shared with anyone on your behalf. You have a right to examine your clinical record in the presence of a staff member, and you may request to have copies of portions of your clinical record provided to you. Alternately, the clinician may provide you a summary of your treatment. If you are under 18, the law may provide your parents or guardians the right to examine your treatment records. Requests for viewing your clinical record must be in writing.

Your Rights: You have a right to:

1. be treated with dignity and respect
2. confidentiality of your treatment
3. given explanations of services you receive
4. question any aspect of your treatment
5. refuse any part of treatment
6. request a different counselor

Counseling Office Hours: 8:00 a.m. – 4:00 p.m. M – F. Counselors are only available during normal business hours M – F. Appointments are preferred as counselors have additional duties on campus and may not always be available in their offices. Drop-ins are seen when scheduling allows. You may call or email to schedule an appointment:

Counselor & Case Manager
Melissa Febbrioriello, LCSW
931-540-2572
MFebbrioriello@ColumbiaState.edu

Emergency Situations: Weekend and night on call services are not provided. Do not leave voice messages or email when you are in an emergency situation. Instead, call **Campus Security 931-540-2700** (if on campus), **911** or go to the nearest **Emergency Room (ER)**. If you have a crisis situation during off campus or during non-business hours (ex. nights and weekends), contact: **Mobile Crisis 1-800-681-7444** or go to the nearest **Emergency Room (ER)**.

Appointments Policy: Appointments are scheduled for 30 – 45 minutes. Calendar appointment invitations and/or emails will be sent out only once per appointment. Reminder text, emails, or phone calls are not generally practiced as it is your responsibility to track appointments and arrive on time. If you arrive more than 10 minutes late to your appointment, you may be rescheduled so clinicians may give attention to clients as scheduled. If you are going to be late or miss your appointment, call, or email your counselor as soon as possible to reschedule. It is your responsibility to follow-up to reschedule missed appointments. Recurring session slots are not guaranteed when you miss appointments. Future appointments will not be held for you unless you coordinate with your counselor. If you cancel, no show, or are late to sessions three times, your case will be put in a suspended state until you contact the counselor to schedule additional appointments, and future appointments will only be scheduled in person.

I, _____ hereby request counseling services at Columbia State’s Counseling Services and accept risks associated with treatment.

- I understand that the results of counseling can be variable, and a positive outcome is dependent on my efforts along with those of my counselor.
- I have read and understand the above Informed Consent document regarding Columbia State’s counseling services.
- I understand that if I do not agree to any of the above statements, Counseling Services will provide referrals to off-campus counseling resources.

Signature: _____

Date: _____

Witness: _____

Date: _____