

# HOPE COUNSELING CENTER

## Richmont Graduate University

### Informed Consent

*Counseling is a cooperative venture with responsibility resting on both the counselor and the client. In order to enable you and your counselor to work most effectively together, we ask that you carefully read the information below. If you have any questions, your counselor will be happy to discuss them with you.*

The Counseling Center is a ministry of Richmont Graduate University. The Center exists to provide counseling from a Christian perspective for individuals, couples, families, and groups and to serve as a training/research site for graduate students enrolled at Richmont. The Center's services are available to residents of the community regardless of religious affiliation. The counselors are graduate students working under supervision. If your situation is deemed inappropriate for a counselor in training, you will be provided with a referral to other agencies.

**CONFIDENTIALITY:** The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the "medical records privacy law," HIPAA provides patient protections related to the electronic transmission of data, the keeping and use of patient records, and storage and access to health care records. HIPAA applies to all health care providers, including mental health care, and providers and health care agencies throughout the country are now required to provide patients a notification of their privacy rights as it relates to their health care records. An explanation of those rights has been given to you.

Communications between client and counselor are confidential and will not be revealed unless required by law such as in situations of child or elder abuse/neglect or threats of physical harm to self or others or subpoena of a court. As unlicensed clinicians, communications with your counselor are not protected by privilege which means that they may be subject to subpoena by the courts should litigation be brought against you. If you believe that you may need the testimony of a counselor in a court of law, a licensed mental health professional would be an appropriate choice. Data from the counseling assessment process may be used for research purposes by the faculty and students of Richmont. If the collection of data will involve any additional effort on the part of clients beyond the standard counseling procedures, you will be invited, but not required, to participate. Identifying information will be removed from all chart materials, test results or counselor ratings used in research to protect your confidentiality. (Please see reverse side of this document for information about questionnaires.)

**RECORDING:** Your counselor will record the counseling sessions either by audio or video; these recordings will be used by the counselor for clinical supervision as part of his/her education process. Recorded sessions will not include identifying information, other than information included during conversation or observation. The confidentiality of all such materials will be safeguarded and recorded materials will be erased at the end of the counselor's internship year.

**COUNSELING FEES:** The normal fee for a 45-minute session is \$50. If you have a limited income, you may inquire to see whether you qualify for a reduced fee. We ask that your account be kept current and that payment be made by check or cash prior to each session. Should the fee not be paid for two sessions, no further sessions will be scheduled until the balance is paid. Please make checks payable to: **Richmont**. We regret that insurance does not cover counseling received at the center since it is a training site.

**CANCELLATION OF APPOINTMENTS:** If you must cancel your appointment, please leave a message for your counselor at least 24 hours in advance of your scheduled appointment. A charge of \$25.00 will be made for the time reserved when cancellations are received less than 24 hours in advance. **Call 404-266-0695 and enter your counselor's extension.**

**TELEPHONE CALLS:** Should you need to contact your counselor, you may leave a message in his/her voicemail box. Our answering system will receive your call 7 days a week, 24 hours a day. Your call will be returned as soon as possible.

**EMERGENCY PROCEDURES:** Because the counseling centers are staffed by counselors in training, the counselors are not available to handle emergencies. If you have an emergency, you will need to contact either a hospital emergency room or the police depending on the situation.

### QUESTIONNAIRES

A growing body of research suggests that routine and frequent use of outcome questionnaires is associated with better treatment outcomes. Information from the questionnaires help the clinician and client monitor improvement and make adjustments in the treatment plan as necessary. For this reason, you may be asked to complete a several questionnaires as part of your treatment. Please respond as honestly as possible because this will help your counselor evaluate if the treatment is effective for you.

Richmont Graduate University subscribes to an outcomes measurement service (The Center for Clinical Informatics) that provides automated scoring and interpretation of the outcome questionnaires. The service will help you and your counselor monitor your improvement. Please be assured that your personal information is kept strictly confidential. The questionnaires remain anonymous, identified only by an ID number that is assigned by your counselor. The only information which is disclosed is an ID number, the questionnaire, your age, gender, diagnosis, general health status, and whether you have received mental health treatment previously. The outcomes measurement service center and qualified academic researchers may use the data to investigate ways to improve treatment outcomes. These research professionals do not have access to any information that could be used to personally identify you as an individual receiving treatment, nor do they have any access to your confidential medical records.

You are free to decline to complete the questionnaires. Refusal to complete the questionnaires will not affect your treatment in anyway.

**I have read the above information and voluntarily request counseling services at the Hope Center, and I agree with these terms and conditions\***

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*The signature of the custodial parent or guardian is required for clients under 18 years of age.*