



CONSENT FOR COUNSELING SERVICES

About Counseling

Counseling is a collaborative interaction with someone trained to help you improve your general functioning, meet personal goals, and alleviate distress in the various areas of your life. In counseling you can expect to explore your concerns, gain new insights, and learn new strategies for taking action.

At the present time our staff is composed of two people. Dr. Will Meek is a Licensed Psychologist (#PY60058226) and has a Doctorate in Counseling Psychology. Jamie Young is our doctoral counseling intern from Pacific University, and she holds a Masters degree in Clinical Psychology. Both have experience working with diverse people on a wide range of concerns and will work with you individually to determine the goals, duration, and best methods of counseling.

Confidentiality

Counseling is private and confidential, and any contact with, or information shared with Counseling Services is not exchanged with anyone else without your written permission (RCW 70.02.020). However, there are exceptions to this by Washington State law:

- (a) If we believe that you may be in imminent danger of injuring yourself or someone else, we may contact emergency personnel, family, or others as necessary to facilitate maintaining your safety and the safety of others.
- (b) If we have reason to believe that a child (or vulnerable adult) has suffered abuse, exploitation, or neglect; or is in imminent danger of suffering abuse, we will report the incident (or cause a report to be made) to the proper law enforcement agency.
- (c) We keep a record of services provided to you as required by law (RCW 70.02.120). These records are stored for at least 7 years in a locked file cabinet in the counseling office, and in a secure digital database while you are currently receiving services. If this or other information is subpoenaed by a court, we must comply with that request.

Please be aware that email is not confidential. If you need to communicate by email, we recommend that you not include content of a private nature. Also, please be aware that email messages may not be read in a timely fashion. If you need to speak with a Counseling Services staff member urgently, contact the Counseling Services office (360-546-9238) during business hours, or walk to the office and follow the printed instructions on the main desk. If there is a life threatening emergency, please contact the Clark County Crisis (available 24 hours a day; 360-696-9560), 911, or drive yourself to an emergency room.

(see reverse side for more)

Procedures

First Session: Your first session (typically lasting 30-40 minutes) will primarily focus on your current concerns, personal history, and goals for counseling.

Scheduling: At the end of the first session you can schedule for future sessions that are weekly and usually last 45-50 minutes. Other arrangements can be made based on individual schedules and situations. Additionally, due to our ability to balance demand for services and quality, new clients will receive the first 4 sessions weekly (schedule permitting) and then move to a bi-weekly schedule unless there is a reason to do otherwise.

Session Limit: There is currently no session limit for counseling, but it is understood that all services are meant to be “short term”, which can be different for each client based on specific concerns and personal history. A referral to an off-campus provider can be made for longer-term services.

Canceling/Rescheduling: If you need to cancel a scheduled appointment, please let us know as far in advance as possible. If you miss a session without contacting us, we will assume that you wish to discontinue counseling.

Supervision/Consultation: Counseling interns have their work reviewed regularly by Dr. Meek in accordance with state and professional guidelines.

Evaluation: You may be asked to fill out a short questionnaire regarding your counseling experience, ensuring that Counseling Services is meeting its intended goals. You are encouraged to give individual feedback to your counselor at any time.

Please discuss any questions you may have about the counseling process, confidentiality, or any other concerns with your counselor during your visit as soon as possible. To indicate your understanding and agreement to these conditions, please print and sign your name in the spaces below. A copy of this consent is available to you at your request.

Printed Name _____ WSUV ID# _____

Signed _____ Date _____