Welcome to Counseling and Psychological Services. The information on this sheet is to help you understand what you can expect while in therapy. We encourage you to read it carefully and discuss any concerns you have with your therapist.

CONFIDENTIALITY:
The therapeutic relationship is confidential, which means your therapist will not give out any information about you without your written consent. State law and ethical standards of psychology require that we report information about you in the following circumstances:

a) If there is a clear and imminent danger that you may harm yourself or others
b) If a record is court-ordered by a proper legal authority
c) If there is suspected or confirmed abuse of children or vulnerable adults
d) If you are a minor and are not considered emancipated (living away from home and/or supporting yourself)
e) If you describe sexual exploitation by a previous therapist
f) If you are pregnant and using a felonious drug (e.g., cocaine, heroin)

The Counseling staff are professionals with differing areas of expertise, and includes those who work under the direct supervision of licensed senior psychologists. To provide you with the best service, your therapist may discuss your situation with another UST psychologist, psychiatrist, physician, nurse practitioner or registered dietitian who is directly involved in providing clinical services. If you receive mental health services at UST Health Services, we may share your records with them to ensure continuity of care. All information shared among these professionals is considered confidential.

Records are maintained on a confidential electronic records system. You may see all records about yourself if you wish. However, it is seldom beneficial during the therapy process.

THERAPY PROCESS:
It is your right to know the goals and treatment plan for therapy as well as your therapist’s views on your presenting issues. This includes the expected length of treatment. In the first few sessions your therapist will work with you to clarify goals and establish a treatment plan for your work together. Periodically you will review your progress as well as your satisfaction with your work together. The determination to make a change requires a commitment from you. Often change is a slow and painful process. It’s tempting to quit when things get intense, but we encourage you to stick with it through these difficult times. If you do not return for therapy, we will automatically close your case after three (3) months. However, you are welcome to return at any time.

YOUR THERAPIST:
It is your right to know the educational and experiential background of your therapist. The Counseling staff is composed of individuals who are licensed psychologists in the state of Minnesota. We also have qualified doctoral interns and practicum students completing doctoral degrees in counseling or clinical psychology. All interns and practicum students receive individual supervision on a weekly basis from a licensed psychologist. Practicum students also receive individual supervision from a doctoral intern.

GRIEVANCE:
If for any reason you are dissatisfied with the service you are receiving, please discuss this with your therapist. If you are uncomfortable speaking directly to your therapist, you may make an appointment with Jeri Rockett, Ph.D., Director of Counseling and Psychological Services to discuss your concerns.
CRISIS REFERRAL INFORMATION:
Crisis situations do occur from time to time. You may contact your therapist at Counseling and Psychological Services, or your Hall Director if you live in a residence hall, or UST Public Safety at 651-962-5100. If no one is available, we encourage you to contact one of the following crisis centers.

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Suicide Prevention</td>
<td>(612) 873-2222</td>
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<tr>
<td>Emergency Dispatch</td>
<td>911</td>
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<tr>
<td>Crisis Connection (24 hour)</td>
<td>(612) 379-6363</td>
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<tr>
<td>Rape &amp; Sexual Assault Ctr.</td>
<td>(612) 825-4357</td>
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ALTERNATIVE TreamENTS:
Though individual therapy is often effective, some people respond better to other kinds of help. Your therapist may refer you to some of these resources and it is your right to ask for specific referrals. Alternatives to individual therapy include: group therapy (ask your therapist about groups available here at UST,) family therapy, support groups for people with specific problems, twelve step programs such as Alcoholics Anonymous and Emotions Anonymous, peer counseling, community education courses such as assertiveness training and stress management, and centers and clinics that specialize in issues such as eating disorders or sexual assault.

FEES:
Therapy services are provided free of charge. Psychological testing may be recommended in some cases. The cost of testing is based on processing costs. Current fees may be found on the testing website:
http://www.stthomas.edu/counseling .

SESSIONS:
Therapy sessions are 50 minutes in length. If for any reason you are late, the session will have to end at the regular time. If you must cancel an appointment, please do so as soon as possible so that your time may be available for others. Notify the office coordinator at 651-962-6780, and they will help you reschedule. All appointments are made by the coordinator at the front desk. Because of the limited number of appointments available for students, if you no-show or cancel with less than 24-hour notice for three appointments per year you will be ineligible for services for the remainder of the school year. Referrals will be provided if needed.

HOMEWORK:
Your therapist may ask you to do some special reading, thinking or some other task outside of sessions to help you attain your goals more quickly. We know that time is precious to students but we believe that time spent in personal growth is equally important.

We are committed to providing ethical, respectful and competent psychological services regardless of race, religion, ethnic background, gender, sexual orientation, or disability. You can expect that we will provide high quality professional service.

If you have any questions or concerns about these rights and responsibilities please discuss them with your therapist. Thank you.

Signature_________________________ Date__________

Counseling & Psychological Services, June 2015