

INTERPROFESSIONAL CENTER FOR COUNSELING & LEGAL SERVICES

INFORMED CONSENT FOR COUPLES COUNSELING

This form provides information about counseling services and your rights and responsibilities as a client. Your signature at the bottom indicates that you understand the information and freely consent to participate in therapy.

Program Description

The Interprofessional Center is dedicated to providing you with a high-quality, beneficial, and safe service. To that end, we provide a variety of Counseling Services to assist you in managing certain life circumstances. You will participate in establishing the goals and treatment plan for your therapy and in reviewing the progress of therapy towards these goals. You have the right to know your counselor's views of your presenting issues and to their opinion of the progress of your work together. You have the right to a periodic review of your treatment plan.

Confidentiality

The therapeutic relationship between you and your counselor is confidential, which means that your counselor cannot give out any information about you to anyone without your written consent. State law and ethical standards *do* require that your counselor report information about you to the appropriate agency in the following circumstances:

- If there is a clear and imminent danger that you may harm yourself or others.
- If there is suspected or confirmed abuse or neglect of a child or a vulnerable adult.
- If you report or describe sexual exploitation by a previous therapist.
- If you are pregnant and abusing substances.
- Unless you are an emancipated minor, your parent or guardian may be able to access your records.

Your Counselor

The professional counseling staff at the Interprofessional Center have differing areas of expertise. To provide you with the best service, your counselor may discuss your case with other members of the Counseling Services Team. The clinical counseling team is comprised of both qualified graduate level trainees and teaching faculty in the fields of psychology and social work. All counseling students are under the supervision of a licensed psychologist or social worker. In order to ensure the best possible service, your counselor will be discussing your treatment with their supervisor. However, know that confidentiality will be maintained as described above.

Sessions and Fees

Counseling sessions are typically 50 minutes in length, unless otherwise specified by your counselor or the treatment program. 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 become available for others. It is expected that you will provide at least 24 hours notice when canceling appointments. Please call 651-962-4820. A pattern of canceling or missing appointments without prior notification may result in termination of services. Counseling services are provided free of charge.

Recording and Observation

Your counselor is currently working on an advanced degree in counseling psychology or social work and is under the supervision of a licensed psychologist or licensed social worker on the faculty of the University of St. Thomas. By consenting to counseling services, you give permission for videotaping and/or audiotaping or live supervision and consultation of counseling and/or assessment sessions conducted by your counselor at the Interprofessional Center. The recording will be used for internal educational purposes only and only those directly involved in the training of your counselor will have

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access to any identifying information about you. Normally all tapes will be erased by the end of the training period; however, occasionally there is an exception to this procedure. Doctoral psychology students must complete a qualifying exam during which time they present a case to a faculty committee and play a portion of the tape of a client session during this presentation. No identifying information is provided to the faculty about the client. If a tape of yours is used for a qualifying exam, the tape will be erased as quickly as possible after the exam presentation. All recordings and its contents are afforded the same confidentiality and privacy as the rest of your clinical record.

Use of Archival Database in Research

Given that the Interprofessional Center is affiliated with the University of St. Thomas, students and faculty in the graduate psychology and/or social work programs may, in the course of performing research projects, periodically use archival data that have been obtained through the course of providing therapy, psychological testing, or case management services to Interprofessional Center clients. Sometimes this research is used to inform the structuring of clinic services and ongoing trainings of the clinicians who are providing client services at the Interprofessional Center. Other times the research is done by our faculty and/or students who are completing research for scholarly purposes with the end result being an additional contribution to the scientific literature on a particular topic. In some cases, the research may be done as a way to complete research assignments which are required of our students. Examples of data which may be used for such projects include (but are not limited to): demographic data of clients that obtain services at the Interprofessional Center such as age categories, gender, ethnicity, etc., presenting concerns of clients obtaining services at the Interprofessional Center, types of social work services provided over a designated time period, therapy outcome data, and typical results seen in various test profiles administered to Interprofessional Center clients over designated periods of time. **The database that will be used in these types of projects does not include any identifying information (e.g., names, addresses, or other identifying information about clients).** At no time will persons performing the research be able to see identifying information of clients nor will any reader of reports published as a result of the research be provided with any identifying data about any specific client(s). **If, for any reason, you do not wish to have data affiliated with the services you personally receive here at the Interprofessional Center used for research, please initial here _____ .**

Client Signature Date

Client Signature Date

Clinician Signature Date

Clinician Signature Date

Clients have received copies of the “Client Rights and Responsibilities”