



GEORGIAN COURT UNIVERSITY

THE MERCY UNIVERSITY OF NEW JERSEY

Counseling Center
*Accredited by the International
Association of Counseling Services*
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THE COUNSELING CENTER AGREEMENT

Welcome to the Counseling Center. This document (the Agreement) contains important information about the Counseling Center's professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a new federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment and health care operations. HIPAA requires that you are provided with a Notice of Privacy Practices (the Notice) for use and disclosures of PHI for treatment, payment and health care operations. The Notice, which is posted on the bulletin board outside the assistant's office, as well as on GCU Counseling Center's web-page, explains HIPAA and its application to your personal health information in greater detail. You may also request a copy of the Notice. The law requires that the Counseling Center obtains your signature acknowledging that your therapist has provided you with this information at the end of this session. Although these documents are long and sometimes complex, it is very important that you read them carefully before your next session. You and your therapist can discuss any questions you have about the procedures at any time. When you sign this document, it will also represent an agreement between you and your therapist. You may revoke this agreement in writing at any time. That revocation will be binding on your therapist unless he or she has taken action in reliance on it.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you are experiencing. There are many different methods your therapist may use to deal with the problem that you hope to address.

Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things discussed both during your sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger,

frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Your first few sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some first impressions of what your work together will include and a tentative treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with your therapist. Therapy involves a large commitment of time and energy, so you should be very careful about the therapist you select. If you have any questions about your therapist's procedures, you should discuss them whenever they arise. If your doubts persist, your therapist will be happy to help you set up a meeting with another mental health professional for a second opinion.

MEETINGS

Counseling Center therapists normally conduct an evaluation that will last from 1 to 2 sessions. During this time, both the client and the therapist can decide if the therapist is the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, the therapist will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time mutually agreed on, although some sessions may be longer or more frequent. **Once an appointment hour is scheduled, you will be expected to keep it unless you provide 24 hours advance notice of cancellation unless we both agree that you were unable to attend due to circumstances beyond your control.** [If it is possible, the assistant will try to find another time to reschedule the appointment.]

CONTACTING YOUR THERAPIST

Due to the work schedules, therapists are often not immediately available by telephone. While the Counseling Center is open from 8:00 a.m. to 5:00 p.m., Monday through Friday, therapists probably will not answer the phone if they are with a client. When therapists are unavailable, the Counseling Center telephone is answered by the Counseling Center assistant. Therapists will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform the assistant of some times when you will be available. If you are unable to reach your therapist and feel that you can't wait for him/her to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or

psychiatrist on call. If your therapist will be unavailable for an extended time, he/she will provide you with the name of a colleague to contact, if necessary.

ELECTRONIC COMMUNICATIONS

The Counseling Center staff use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with the Counseling Center should be limited to things like setting and changing appointments. Please do not email your therapist about clinical matters because email is not a secure way to convey information. If you need to discuss a clinical matter with your therapist, please feel free to call the Counseling Center and set a time to meet with your therapist. The telephone or face-to-face context simply is much more secure as a mode of communication.

Text Messaging: Because text messaging is a very unsecure and impersonal mode of communication, therapists do not text message to nor do they respond to text messages from anyone in treatment. So, please do not text message your therapist unless the two of you have made other arrangements.

Social Media: Counseling Center staff do not communicate with, or contact, any clients through social media platforms like Twitter and Facebook. In addition, if staff discover that they have accidentally established an online relationship with you, they will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you. Therapists may participate on various social networks, but not in their professional capacity. If you have an online presence, there is a possibility that you may encounter your therapist by accident. If that occurs, please discuss it with your therapist. Counseling Center staff believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact your therapist in this way. They will not respond and will terminate any online contact no matter how accidental.

LIMITS OF CONFIDENTIALITY

In general, the law protects the privacy of all communications between a patient and psychologist. In most situations, information about your treatment can only be released to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- Therapists may occasionally find it helpful to consult other health and mental professionals about a case. During a consultation, therapists make every effort to avoid revealing the

identity of their client. The other professionals are also legally bound to keep the information confidential. If you don't object, clients will not be advised about these consultations unless the therapist feels that it is important to your work together. All consultations will be documented in your Clinical Record (which is called "PHI" in my "Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information").

- You should be aware that the Counseling Center employs an assistant. In most cases, therapists need to share protected information with the assistant for administrative purposes, such as schedules. All of the mental health professionals are bound by the same rules of confidentiality. The assistant has been trained about protecting your privacy and has agreed not to release any information outside of the Center without the permission of a professional staff member.

There are some situations where therapists are permitted or required to disclose information without either your consent or Authorization.

- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. Mental health professionals cannot provide any information without (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order your therapist to disclose information.
- If a government agency is requesting the information for health oversight activities, your therapist may be required to provide it for them.
- If a client files a complaint or lawsuit against his/her therapist, the therapist may disclose relevant information regarding that client in order to defend him/her.
- If a client files a worker's compensation claim related to the services the therapist is providing, the therapist may, upon appropriate request, disclose protected information to others authorized to receive it by the workers' compensation law.

There are some situations in which mental health professionals are legally obligated to take actions, which they believe are necessary to attempt to protect others from harm and they may have to reveal some information about a client's treatment. These situations are unusual in the Counseling Center practice.

1. If the therapist has reasonable cause to believe that a child has been subject to abuse, the law requires that the therapist must report it to the Child Protection and Permanency office

(formerly DYFS). Once such a report is filed, the therapist may be required to provide additional information.

2. If the therapist has reasonable cause to believe that a vulnerable adult is the subject of abuse, neglect or exploitation, and the therapist believes that the disclosure is necessary to prevent serious harm to the patient or to other potential victims, the therapist may report the information to the county adult protective services provider. Once such a report is filed, the therapist may be required to provide additional information.
3. If a client communicates a threat, or if the therapist believes the client presents a threat of imminent serious physical violence against a readily identifiable individual or the Georgian Court University community, the therapist may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
4. If the therapist believes that the client has made a suicide attempt or has acted in a way to hurt him/herself, the therapist may be required to take protective actions. These actions may include seeking hospitalization for the client.
5. If a therapist believes the client presents a threat of imminent serious physical harm to him/herself, the therapist may be required to take protective actions. These actions may include contacting the police or others who could assist in protecting the client or seeking hospitalization for the client.
6. **PLEASE NOTE:** As of June 13, 2018, New Jersey law now requires your therapist to contact the chief law enforcement officer of the municipality in which you reside, or the Superintendent of State Police if you reside in a municipality that does not have a full-time police department, that a duty to warn has been incurred.
 - If this occurs, your therapist will contact your residential chief law enforcement officer or superintendent, as appropriate, or the State Police, and provide your name and other non-clinical identifying information. The chief law enforcement officer or superintendent, as appropriate, will use that information to determine if you have been issued a firearms purchaser identification card, permit to purchase a handgun, or any other permit or license authorizing possession of a firearm.
7. If a therapist believes a client's behavior violates the GCU Student Code of Conduct in such a way as to present a potential danger to the student, to others, and/or to the GCU community,

the therapist may also notify the Dean of Students, in addition to the other actions discussed above.

8. If the therapist believes the client presents a threat of serious physical harm to him/herself, or a readily identifiable individual, the therapist may also notify the client's parents, in addition to the other actions discussed above.

If such a situation arises, the therapist will make every effort to fully discuss it with you before taking any action and the therapist will limit his/her disclosure to what is necessary. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns that you may have now or in the future. The laws governing confidentiality can be quite complex, and the Counseling Center therapists are not attorneys. In situations where specific advice is required, formal legal advice may be needed.

PROFESSIONAL RECORDS

The laws and standards of the mental health professional require that therapists keep Protected Health Information about you in your Clinical Record. The Counseling Center maintains your Clinical Record via confidential electronic database and is password-protected. Except in unusual circumstances that involve danger to yourself and/or others or when another individual (other than another health care provider) is referenced and therapists believe disclosing that information puts the other person at risk of substantial harm, you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, therapists recommend that you initially review them in the presence of your therapist, or have them forwarded to another mental health professional so you can discuss the contents. If your therapist refuses your request for access to your records, you have a right of review, which the Director of Health and Counseling will discuss with you upon request.

PATIENT RIGHTS

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that the therapists amend your record; requesting an accounting of most disclosures of protected health information that you have neither consented or not authorized; determining the location to which protected information disclosures are sent; having any complaints you make about this office's policies and procedures recorded in your records, and the right to a paper copy of this Agreement, the posted Notice form, and

the Counseling Center privacy policies and procedures. Counseling Center therapists are happy to discuss any of these rights with you.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE COUNSELING CENTER AGREEMENT, AGREE TO ITS TERMS, AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE REVIEWED THE HIPAA NOTICE FORM DESCRIBED ABOVE. THIS HIPAA NOTICE FORM IS POSTED ON THE BULLETIN BOARD IN THE COUNSELING CENTER.

Client Signature

Date

If your counselor needs to contact you, may he or she do so: (please circle yes or no)

- By telephone (yes/no)
- By email? (yes/no)

If “yes” to either or both, please provide your contact information:

Phone: _____ email: _____

Address _____

In case of a life threatening emergency, I authorize the Counseling Center to contact:

Name

Phone number

Relationship to you (ex: spouse, parent)

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