

Counseling Center Informed Consent

The following information provides details about some of the policies and procedures of the University of Northern Iowa Counseling Center, your rights and responsibilities, and consent.

Eligibility for Services: UNI students who have paid the Mandatory Health Fee are eligible for services at the Counseling Center. There is no charge for your first 5 counseling sessions. The Counseling Center will bill your insurance company for longer term therapy, beyond the 5th session.

Insurance copays will be directed to your U-bill listed as “SHC balance after ins.” If it is determined that your treatment needs require resources beyond what the Counseling Center can provide, we will assist you with a referral to more appropriate services in the community.

Notice of Privacy Practices

Services received from the Counseling Center are confidential under state and federal laws. This means communication between you and your therapist and all records will be confidential and will not be disclosed to anyone outside the Counseling Center except in the circumstances explained below. If you would like us to release information about your services to another person or agency, you must provide us with written authorization. In situations involving the risk of imminent harm to yourself or others, abuse of children, or dependent adult abuse, your therapist is required to disclose certain information in order to protect you and/or others. In certain legal situations, including a court order, your therapist may be required to disclose information as necessary to comply with the law in that situation. Your counseling records are available to the psychiatric staff in the Student Health Clinic and your therapist may communicate orally and/or in writing with the other staff of the UNI Student Health Clinic for the purposes of referral and coordination of treatment.

Counseling Records

The information you provide, therapy notes, correspondence, and information sent to us by other health care providers make up your counseling record. Counseling records are not a part of your academic record. Your counseling records are maintained electronically and securely for seven years after the end of your counseling services. If at any time you wish to review your records, you should schedule an appointment to do so with your therapist or the Director.

Attendance, Scheduling, and Termination

Punctual and regular attendance will allow you to take full advantage of your counseling sessions, which are generally 45 minutes long. If you need to change or cancel an appointment, call the receptionist at 273-2676, giving as much notice as possible. Notification by email is not accepted. Failure to attend a scheduled appointment without appropriate notification will result in a \$25.00 charge on your U-bill, listed as "SHC - Missed Appointment". Excessive cancellations and/or 2 or more no-shows may cause future appointments to be canceled. It is also your responsibility to reschedule missed or canceled appointments. If you do not call the Counseling Center to reschedule another appointment after a missed or canceled appointment, we will assume you do not wish to have additional appointments. At the end of the semester or termination of services cases will be closed. However, you are welcome to resume services at any time.

We send notifications and appointment reminders as a portal message that appear in your email. You must have voicemail set up and be able to accept messages in order for our office to communicate cancellations and appointment information with you.

Emergency Services

TELUS health offers free crisis counseling to students via telehealth. Outside of business hours, call the Counseling Center at 319-273-2676 and press 2 to speak to a crisis counselor immediately. Other options are to call 988, 911, or go to a hospital emergency department.

Staff Consultation, Supervision, and Recording

Your therapist may consult with or receive supervision from their supervisor or colleagues. These consultations are for professional and training purposes and are intended to provide the best possible care. For the purposes of teaching our Master of Social Work and Mental Health Counseling students, we ask you for permission to record and observe your counseling sessions for supervision and training purposes. Recordings may be viewed by students assigned to the Counseling Center and potentially MHC faculty practicum student supervisors, all have signed confidentiality agreements. Recordings do not leave the facility and are stored on a secure server within the Counseling Center and are deleted after 30 days. These do not become a part of the behavioral health or academic record. You may refuse to be recorded without affecting your eligibility to receive counseling. The Information Technology staff provides technical support for the recording system but does not have access to recordings.

Client Feedback

Clients have the opportunity to complete an anonymous Client Satisfaction Survey via email and/or text. In addition, you are welcome to report concerns with the Counseling Center Director by calling 319-273-2676.

E-mail Policy

The confidentiality of email cannot be guaranteed, therefore communication through the patient portal is recommended. Email is never appropriate for emergency situations.

I have read the “Information About the UNI Counseling Center and Consent” and I understand that I may discuss any questions with my therapist.

I voluntarily give consent and acknowledge that I have read and understand ALL of the above information, and I am fully aware of the benefits and risks of participating in counseling and my rights as a client. I am also aware of limits to confidentiality. If I have any questions or concerns about any of this information, I agree to discuss these concerns with the counselor.

Name	Date	UNI ID#
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I consent to recording and observation of my counseling sessions as described in the above informed consent. I understand I will be informed by my therapist if my sessions will be recorded. I understand that confidentiality will be maintained and that professional ethical standards will be observed in these processes.

Name	Date	UNI ID#
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