Mental Health Counseling (MHC)
Informed Consent

Counseling Philosophy
SCC Mental Health Counseling provides short-term, solution focused counseling. Short-term, solution focused counseling incorporates several important principles:
(a) The focus is on identifying specific and attainable goals
(b) Attention is given primarily to the present rather than the past
(c) Both counselor and client are active in the process

Eligibility
Mental Health Counseling is a free, confidential service provided to SCC students who are enrolled in credit courses.

Session Limits
Most presenting problems can be resolved within 6 sessions or less in a given semester. If a student requires more intensive or specialized treatment than MHC can provide, the counselor will provide the student with a list of local treatment providers who can better meet the student’s particular needs.

A student may not exceed 6 sessions within a given fall or spring semester.
A student taking summer classes may not exceed 4 sessions within a given summer semester.

Late Cancellation, “No Show,” and Late Arrivals
A counseling session is typically 45 minutes in length. Students who arrive late for their appointment will have a reduced amount of time in their session, or may be required to reschedule.
If a student is unable to keep an appointment, s/he is instructed to cancel at least 24 hours in advance.
If a student cancels on the same day as his/her appointment, or does not show up for the appointment, the student may have to wait up to a month before s/he can be seen by the counselor.

Students who demonstrate a pattern (defined as approximately 2 times in a given semester) of canceling less than 24 hours in advance, or not showing up for an appointment, will not be allowed to schedule a MHC appointment for the remainder of the semester, and will provided a list of local treatment providers who may help address their particular counseling needs.

Confidentiality
Counseling records are confidential and will not leave MHC unless precipitated by an emergency situation. MHC records are not kept as part of a student’s educational record and will not be released without express written consent. MHC staff will not answer questions or provide information about any student from parents, family, friends, significant other, professors, employer or anyone else outside of the MHC staff.

There are a few exceptions to this rule: 1) Plans to harm self
2) Plans to harm specific others
3) Permission provided by the client
4) Abuse or neglect of a child or elderly person

In a counseling situation, if one or more of the above exceptions applies, only information that aids in obtaining ongoing care and ensuring safety may be shared. In rare cases where there is a risk to the student or the community, MHC reserves the right to also notify the Behavioral Intervention Team and/or Campus Police without permission from the student.

Client Rights
- Review credentials of counselors including, but not limited to: education, experience, and professional counseling certification(s) and licensure(s)
- Terminate the counseling relationship at any time
- Have your conversations treated confidentially and be informed of any limitations on confidentiality
- Ask questions about the counseling techniques and strategies used by a counselor
- Participate in setting goals and evaluating progress toward them

Client Responsibilities
- Abide by the Late Cancellation, “No Show,” and Late Arrivals policy (see above)
- Actively participate in counseling by asking questions and staying involved

I, __________________________, a student at St. Charles Community College, agree to make every effort to keep ALL of my scheduled counseling appointments. If, due to illness or emergency, I am unable to attend my session, I will call MHC to cancel the appointment, making every effort to give at least 24 hours’ notice. If I have multiple missed appointments, I am aware that limits may be imposed on counseling services available to me.
I have read and understand the above information and I have had the opportunity to ask questions about it. I knowingly agree to begin counseling treatment.

Student Signature ___________________________ Date ___________________________

Witness Signature ___________________________ Date ___________________________