DigiPen Counseling Center Consent Form

Referrals. Should you require services that the Counseling Center does not provide, you will be referred to another agency or treatment provider that can meet your needs. Examples of the kinds of services not offered at the Counseling Center are treatment for severe psychological disorders and court-mandated treatment.

Complaints: Meetings with the Counselor are not the appropriate forum for lodging complaints about DigiPen, its policies, or actions of its employees, officers or agents. The confidentiality of the contents of meeting between counselor and client is protected by numerous laws and the Counselor cannot report or act on any complaints except in cases outlined in RCW 18.19.180. Students wishing to make formal complaints should follow the proper procedures as outlined in the DigiPen Course Catalog.

Email: Respecting your privacy and confidentiality are priorities to us. If you would like to communicate with us by using email, we will do so for scheduling purposes only, and discourage the use of email for communicating sensitive personal matters. Email is not a confidential form of communication. As such, we use it only for scheduling purposes even if you have given us permission. Any therapeutic issues should be discussed in person with your therapist.

Would you like to exchange emails with us for scheduling purposes?   Yes  /  No

Your Email Address: ___________________________________

Cancellation Policy and “No-Shows.” Please give us a call or email us at least 24 hour prior to the scheduled appointment if you are unable to attend. Should you miss an appointment without calling or emailing (“no-show”), the missed appointment will count towards the allotted number of counseling sessions for the current academic year. In addition, after two consecutive no shows, any future appointments you have may be reassigned to other students. If you are 15 minutes late, your appointment will be considered missed, and will count towards the allotted number of counseling sessions.

Counseling Process: Your counselor and you will work together to define treatment goals and how we can best work together to make the most progress. Since counseling is not an exact science, the results of counseling can be variable. The attainment of a positive outcome is dependent upon the effort expended by both you and your counselor. There may be benefits and risks involved in participating in any counseling process:

- Some of the benefits you may experience include the ability to handle life or cope in a better way, a greater understanding of yourself and your personal goals and values, and greater happiness and satisfaction with life.
- Some of the possible risks associated with the discussion of personal struggles may include, but are not limited to; intense thoughts or feelings of anger, fear, depression, anxiety, and frustration. As you work to resolve problems and conflicts you may experience temporary discomfort. There may also be changes in your relationships or life that you had not originally intended.

You have the right to ask questions about your counseling. Also, you have a right to choose a counselor who best suits your needs and purposes. You also have the right to end your counseling at any time and you should notify your counselor when you are finished. If you decide that you would like to continue your counseling with another professional, the Counseling Center can help facilitate that process. The Counseling
Center reserves the right to refer students who are not appropriate for treatment in our center to a more appropriate resource in our community.

*By signing this form, I acknowledge that I have read and understand the policies described above, and I authorize DigiPen Counseling Center to provide for my care. I understand that I may withdraw this consent in writing and terminate at any time. I acknowledge that I received a copy of this consent form.*

Client Name: ________________________________ Date: ________________________________

Client Signature: ________________________________ Date: ________________________________

Counselor Signature: ________________________________ Date: ________________________________