Student Information and Consent Form for Counseling Services

This document is designed to inform you about what you can expect from Gordon State College Counseling and Accessibility Services (CAS) regarding confidentiality, emergencies, and several other details regarding your treatment as it pertains to In Person Counseling and Teletherapy.

Mission

The mission of Gordon State College Counseling Services is to provide short-term, solution focused counseling in the areas of decision-making, crisis intervention, problem solving, adjustment, and personal issues. If you have questions after reading this statement, please discuss them with your counselor.

Methods of Delivery of Counseling Services

- In-Person Counseling is held in the Counselor's office which is located in the Student Center. The clinician takes all necessary precautions to maintain your privacy and confidentially to include using a sound machine outside of the office door to prevent others from hearing the conversation.
- Teletherapy uses interactive audio and visual electronic systems where the clinician and the patient are not in the same physical location. The interactive electronic systems used in teletherapy incorporate network and software security protocols (encryption) to protect the confidentiality of patient information and audio and visual data.

Eligibility of Services

- During the academic year, all regularly enrolled Gordon State College students are eligible for services.
- All summer school students are eligible for service.
- Student concerns that are beyond the scope of care provided by Gordon State College Counseling Services and/or that involve more long-term, intensive, specialized care or Hospitalization, will be referred to other mental health providers in the community and the counselor will determine the necessity and duration of continuing the counseling relationship. It is the responsibility of the student to follow up with provided resources/referrals. The counselor is available to assist with this process if needed.
- Note that your health fee does not cover services obtained in the community.

Availability of Service

- Business hours are 8:00 AM – 5:00 PM Monday through Friday.
- No regular services are available on weekends.

- Students requiring emergency services when Gordon State College Counseling Services is closed are advised to go to the Emergency Room or contact Gordon State College Public Safety. Note that your health fees do not cover these charges, but insurance may.

Changing Appointments:

If it is necessary to change or cancel your appointment, please email your counselor or call 678-359-5585 as soon as possible. 24 hour notice is preferred. Regular attendance of counseling appointments is important in order to facilitate the counseling process.

Initial Session

Your counselor will work with you to clarify your concerns and determine the options available to you. By the end of the assessment session, you may expect to gain at least two things: (1) some idea of the goals you and your counselor believe to be reasonable to work toward and (2) a general plan for working towards those goals. When more intensive or specialized service is required to meet your needs, your counselor will discuss referral alternatives within the community that may be more appropriate.

Potential Risks with Teletherapy

As with any healthcare service, there may be potential risks associated with the use of teletherapy.

These risks include, but may not be limited to:

- Information transmitted may not be sufficient (e.g., poor resolution of video, glitching, volume issues, etc.) In the event a video call is disconnected, the counselor will contact the student with information on how to proceed with the session.
- Security protocols can fail, (although extremely unlikely) causing a breach of privacy of confidential information.
- There may be a lack of access to all of the information that might be available in a face to face visit due to limited ability to transfer files.

The Different Forms of Technology-Assisted Media Explained

Landline and Cell Phones:

It is important for you to know that telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Be aware that individuals who have access to your phone or your phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. If this is a problem, please let your therapist know, and he/she will be glad to discuss other options.

Text Messaging:

Text messaging is not a secure means of communication and may compromise your confidentiality. Therefore, we do not utilize texting, and your therapist will not respond to a text message for your protection. If you happen to send your

therapist a text message by accident, you need to know that she/he is required to keep a copy or summary of all texts as part of your clinical record that address anything related to therapy.

We also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). If you are in a crisis, please do not communicate this via email because we may not see it in a timely manner. Instead, please see below under "Emergency Procedures."

Video Conferencing (VC):
Video Conferencing is an option for your therapist to conduct remote sessions with you over the internet where you may speak to one another as well as see one another on a screen. At CAS, we utilize Microsoft Teams. This VC platform is encrypted to the federal standard and is HIPAA compatible. If you and your therapist choose to utilize this technology, your therapist will give you detailed directions regarding how to log-in securely. We also ask that you please sign on to the platform at least five minutes prior to your session time to ensure you and your therapist get started promptly.

Electronic Record Storage
Your communications with us will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be stored electronically with Titanium, a secure storage company which is HIPAA compliant.

Confidentiality

- During a counseling session, the counselor's office as well as both locations in Teletherapy will be considered a therapy session room regardless of a room's intended use.
- Both sites in Teletherapy should be appropriately chosen to provide audio and visual privacy.
- Room(s) should be designated private for the duration of the session with the provider and no unauthorized access permitted.
- During Teletherapy both sites shall take every precaution to ensure the privacy of the session and the confidentiality of the student. All individuals in the room at both sites shall be identified to all participants prior to the session and the patient's permission will be obtained for any visitors or counselors to be present during the session.
- HIPAA confidentiality requirements apply the same for teletherapy as for face-to-face sessions. The programs being used for video calls are HIPAA compatible; however, e-mail is not and should be used in a limited capacity to provide necessary information

pertaining to services and to set up/reschedule/cancel appointments. No personal information should be included in e-mail.

- All communications between you and your counselor will be held in confidence except under the follow circumstances:
    - If you are under 18 years of age, you are not legally able to consent to treatment, so consent must be obtained from a parent or legal guardian. Minors under the age of 18 must understand that parents may have access to records based on Georgia law. We will try to provide them only with general information about our work together, unless there is a high risk of harm to yourself or someone else. In this case, Counseling Center staff will discuss their concerns about your safety with your parents. If possible, Counseling Center staff will discuss the matter with you before giving your parents any information and do our best to involve you in this conversation.
    - In some situations, involving danger and/or risk of imminent harm to yourself or others, child or adult abuse, your counselor is required to disclose certain information in order to protect you and/or others. In certain legal situations, including court order, your counselor is required to disclose information as necessary to comply with the law in that situation. If at all possible, your counselor will discuss the procedures for doing this with you and enlist your assistance in resolution of the situation that has necessitated such disclosure.
- Excluding the exceptions above, disclosure to anyone outside of Gordon State College Counseling Center requires written authorization.

My Rights

1. I understand that the laws that protect the privacy and confidentiality of psychological information applies to face-to-face sessions as well as Teletherapy.
2. I understand that the video conferencing technology used is encrypted to prevent unauthorized access to my private information.
3. I have the right to withhold or withdraw my consent to the use of teletherapy during the course of my services at any time. I understand that my withdrawal of consent will not affect any future care or treatment.
4. I understand that the counselor has the right to withhold or withdraw her consent for the use of teletherapy during the course of my care at any time.
5. I understand that all rules and regulations which apply to the practice of psychotherapy in the state of Georgia also apply to teletherapy.
6. I understand that the counselor will not record any of our face-to-face or teletherapy sessions without my prior written consent.

My Responsibilities

1. I understand arriving on time for my appointment is essential and I should arrive no more than 5 minutes prior to the appointment time.
2. If I am going to arrive more than 15 minutes after my scheduled time, I will notify my counselor by email or phone so that a new appointment time can be scheduled.

3. I understand that if I have 3 “no shows” I will have to wait until the next semester to schedule a counseling appointment.
4. I will not record any counseling sessions without prior written consent from the counselor.
5. I will inform the counselor if any other person can hear or see any part of our session before the session begins. The counselor will inform me if any other person can hear or see any part of our session before the session begins. During the first session, if Teletherapy I will complete a safety plan with my counselor that will include a safety word to alert my counselor that I may not be alone, I’m feeling unsafe, or if I feel my environment is not secure during the session.
6. I understand that disconnections in video calls may happen and in the event that they do occur, the counselor will contact me with information on how to proceed with the session.
7. I understand that I am responsible for the configuration of equipment on my computer which is used for teletherapy. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins. I understand that I may need to contact a designated third party for technical support to determine my computer’s readiness for teletherapy prior to beginning teletherapy sessions with my Provider.
8. I understand that it is my responsibility to initiate the teletherapy session call utilizing the program identified and agreed upon by myself and the counselor at the agreed upon scheduled time.
9. I understand that it is my responsibility to maintain appropriate clothing/attire throughout the session. The session should be treated as the professional encounter that it is and present myself as I would if I was arriving to the office.
10. I understand that it is my responsibility to maintain adequate lighting and that my face is visible to the counselor at all times.
11. I understand that it is my responsibility to remain stationary in the space allotted for the therapy session throughout the duration of the session unless movement to an alternate location is discussed and agreed upon between myself and the counselor.

Communication Response Time

We are required to make sure that you're aware that we are located in Georgia and we abide by Eastern Standard Time. Our practice is considered to be an outpatient facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. **We are not available at all times.** If at any time this does not feel like sufficient support, please inform your counselor, and he/she can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. We will return phone calls, emails or secure messages within 48 hours. However, we do not return any form of communication on weekends or holidays. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

In Case of an Emergency

If you have a mental health emergency, we encourage you not to wait for communication back from your counselor, but do one or more of the following:

1. Call 911 or Gordon State College Public Safety at (678) 358-5111
2. Call the Georgia Crisis and Access Line at 1-800-715-4225
3. Call the Suicide Prevention Lifeline at 1-800-784-2433

Student Consent to In-Person Therapy and/or Teletherapy

I have read and understand the information provided above regarding counseling sessions, have discussed it with the counselor and all of my questions have been answered to my satisfaction. I hereby give my informed consent to my counselor for in-person sessions and/or the use of teletherapy in my psychological care.

_____ _____

Client Name (Type/Print Name Here) **Date**

_____ _____

Client Signature (Type/Print Here) **GSC ID**

_____

Initials Here (Type/Print)

I acknowledge by typing/writing my name and Student ID above, I am confirming receipt of this document.

UPDATED ADDRESS (WHERE YOU ARE CURRENTLY RESIDING)

Street Address: _____

City, State and Zip Code: _____

UPDATE EMERGENCY CONTACT

Name: _____

Phone Number: _____

Relationship to You: _____