Eligibility for Services
LUCC services are provided exclusively for students who are currently enrolled in either fall or spring semester on campus courses at Lee University. Students are eligible for services during the summer if they are enrolled for summer courses or pre-registered for courses in the following fall semester. Division of Adult Learning students, graduate students, and some other categories of students are only eligible if they have paid the Health Service Fee. Lee University faculty and staff are not eligible for on-going services; however, appropriate consultation and referrals will be provided as resources allow. Partners of students are eligible for couples counseling only. Other community members will be referred to outside providers.

Scope of Services
Counseling and psychological services are limited to short-term interventions within the training, experience, expertise, and availability of resources of the clinical staff. If at any time, issues presented by the client extend outside of the scope of available services, appropriate referrals will be provided. Clients will then be expected to follow-up with the outside referral sources. Examples of issues that are potentially outside the scope of LUCC services are serious, persistent mental illness, personality disorders, active eating disorders, alcohol and drug addictions, medication management, and psychological assessments needed for disability purposes.

What to Expect
On your first visit:

After completing the initial paperwork, you will spend about 20-30 minutes with an intake counselor. This counselor will help you determine what services and/or resources might be most beneficial. The intake counselor may or may not be the person you meet with on an on-going basis should you decide to enter counseling. Furthermore, LUCC services may not be the most appropriate resource for your situation, and you may be referred to an outside provider. Your intake counselor will also explain the process of receiving your first regular appointment time should it be determined that counseling at the LUCC is the most appropriate option for you.

In general:
The purpose of counseling and/or psychotherapy is to assist you in the development of mind, body, and spirit. A wide variety of concerns can be discussed including but not limited to communication problems, relational difficulties, depression, anxiety, and experiences of abuse. You can expect to be treated with the utmost respect and professionalism. Most scheduled sessions are approximately 45 minutes in length (sometimes longer for couples therapy and group therapy). You will work with your counselor to determine how often sessions should be scheduled. Most students find that only a few sessions are needed to address their concerns. If longer term counseling is needed, your therapist will discuss this with you and may suggest an outside referral based on availability of resources and scope of services. Services at the LUCC are free of charge.

How Therapy Works
Counseling/psychotherapy provides an opportunity to talk with someone about issues or problems you may be experiencing. Therapists utilize various skills to build relationships, assess personal problems, and provide assistance by giving feedback, support, education, or other helpful resources as appropriate. Counselors rarely give advice or offer direct suggestions about how to solve problems. Instead, you may expect your counselor to be empathic and warm as he or she helps YOU process various issues and come to deeper understandings. Other resources may include the assistance of health services, psychiatrists, or other mental health professionals. If medical attention is warranted, your therapist will assist you in making the appropriate referral. Counseling is completely voluntary and can be discontinued at any time. Ideally, counseling is no longer needed once a student and his or her therapist mutually agree that the maximum benefit has been reached.

The Benefits and Risks
Research demonstrates that counseling/psychotherapy is effective in helping many people deal with mental, emotional, relational, and developmental issues. However, benefits and particular outcomes cannot be guaranteed, and there are some risks involved. Counseling provides an environment to talk about unpleasant issues, both past and present that may cause negative feelings to arise.

Client Initials: _____
Relationships may also become strained as you make changes that impact the lives of others. In addition, due to the nature of the university campus, you may encounter your therapist or other LUCC staff in campus activities such as chapel or classes. Nevertheless, the LUCC will make every possible effort to support you and to maintain your confidentiality.

**Alternatives to Traditional Therapy**
The following are some examples of alternative helping systems: self-help books and bibliotherapy, recreational and religious activities, assertiveness and stress management training, crisis services such as sexual assault crisis centers and suicide hot-lines, social service agencies, legal assistance, and 12-step support groups. At times, more comprehensive services, such as Intensive Outpatient Programs or Inpatient treatment programs also need to be considered as appropriate or necessary. Assistance locating resources other than traditional therapy is available upon request.

**Client Rights**
You have the right to:
- Be treated with dignity and respect
- Know the qualifications and professional experience of your therapist and your therapist’s supervisor (if applicable)
- Ask questions regarding your treatment
- Know information concerning diagnosis, treatment philosophy, method, progress, and prognosis
- Participate in decisions related to your treatment
- Refuse treatment methods or recommendations
- Know your test results (if applicable) and have them explained to you in a manner that you understand
- Request a second opinion, a referral to an outside therapist or agency, or a transfer to another LUCC therapist
- End therapy at any time (please discuss your reasons for wanting to end therapy with your counselor)
- Privacy and confidentiality

**Confidentiality**
Many precautions are taken by the LUCC to protect any information that you disclose (verbal or written.) All client information is completely confidential except for certain limitations described below.

Your counselor may be mandated by state and/or federal law to release information:
- to protect you or others from imminent, serious harm
- to protect children, disabled, or the elderly from abuse
- to parents of minors (clients under age 16)
- by court order or by order of the federal government in cases of suspected terrorism

Please note that we utilize an electronic means of data storage and record keeping. Many appropriate precautions have been taken to protect your confidential information; however, limited access by technical system administrators may be necessary at times. Other faculty or administrators not associated with the LUCC do not have access to your counseling records without your specific permission.

Also, please note that all clinical staff members of the LUCC (including the psychiatrist and psychiatric nurse practitioner) have access to your records, and each has been mandated to adhere to the laws of confidentiality. We reserve the right to consult with each other about clients for treatment and training purposes.

In the unlikely event of a crisis situation including but not limited to a life-threatening emergency, a client’s death/incapacitation, or imminent risk of harm to self/others, the LUCC reserves the right to communicate with appropriate Lee University personnel and/or allow an administrative file review as needed.

Tennessee state law mandates that LUCC annually provide “the number of requests for assistance received from victims who were raped on or in the vicinity [of campus]” to the Director of Campus Safety. Please refer to Tennessee state code 49-7-129 (Title 49, Chapter 7, Part 1) for more information (found at https://www.lexisnexis.com/hottopics/tncode/).

You have the right to lodge a complaint or make inquiries if you believe your privacy rights have been violated. You may contact Dr. David Quagliana, Director of the LUCC, at 423-614-8415.

**Client Responsibilities**
You have the responsibility to:
- Maintain your own personal health and safety and to report any threat immediately to either a LUCC staff member or other appropriate resource
- Take an active role in the counseling process (i.e., honestly sharing thoughts, feelings, and concerns)
- Follow through on assignments mutually agreed upon with your counselor

Client Initials: ________
• Reflect on themes or issues that may arise during therapy
• Provide accurate information regarding past and present physical and psychological problems (including hospitalizations, medication, and/or previous treatment that may impact your current treatment)
• Keep scheduled appointments and reply to LUCC contact requests. If you are not able to keep your appointment, call in advance of your appointment to cancel and/or reschedule. If LUCC is not contacted prior to the beginning of a scheduled session, it is considered a client “no-show.”
  o The following are conditions under which a client would no longer be eligible to receive services at the LUCC for the remainder of that semester (Clients may request assistance with securing an off-campus referral.):
    ▪ No-shows for two (2) scheduled appointments in any one semester
    ▪ No-show for your first scheduled appointment after your intake session
    ▪ Pattern of non-attendance including client no-show, cancellation, or rescheduling of appointments.
  o If receiving psychiatric consultation services, failing to attend counseling appointment immediately preceding a scheduled psychiatric appointment (no-show, cancellation, or rescheduling) may also result in psychiatric consultation appointments being cancelled and reassigned to other students (see Informed Consent for Psychiatric Services form for more details). No-show for a psychiatric appointment or cancellation without 24-hours’ notice will result in loss of LUCC psychiatric service eligibility for the semester (community referrals available upon request), though it will not result in loss of other LUCC service eligibility.
• In certain conditions (e.g. your initial assignment after intake, cancelling or failing to attend an appointment, and some other circumstances), LUCC may contact you via phone to attempt to schedule an appointment. If you are not reached directly via phone, often a voicemail and/or email will be left that includes a deadline for contacting LUCC via phone or in-person. Because of the large number of students requesting services, if we haven’t heard from you before that deadline, we will have to give your therapist assignment to another client awaiting LUCC services, and you will have to be re-assigned or placed on the waitlist for assignment.

Staff
The LUCC clinical staff consists of licensed psychologists; licensed professional counselors; post-Masters-degree counselors; graduate students in various counseling, psychology, or marriage/family programs; a psychiatrist; and a psychiatric nurse practitioner. All therapists in training are supervised by licensed clinicians. The psychiatric nurse practitioner is supervised by the psychiatrist.

In compliance with Tennessee Code Annotated 63-1-109, the following clinical staff members are listed with their respective degrees and licenses:
Lena Barber, M.S., L.P.C./M.H.S.P.
Jonathan Dukes, M.S., L.P.C./M.H.S.P.
Brittany Gates, M.S., L.P.C./M.H.S.P.
Kellie Knapp, M.S.
Steve Knapp, M.S., L.P.C./M.H.S.P.
David Quagliana, Ph.D., Licensed Psychologist (HSP)

Contracted in-house service providers:
Troy Gilson, M.D. (Psychiatrist)
Lynette Pinson, APRN

Psychiatric (Medication) Services
Access to the psychiatrist and psychiatric nurse practitioner is strictly limited to those students actively involved in counseling. Clients interested in a medication consultation must first work with a counselor to determine the most appropriate course of action. Please note that the psychiatrist and psychiatric nurse practitioner are available on a limited basis throughout the fall and spring semesters only. Psychiatric services at the LUCC cannot be accessed during summer, academic breaks, or outside of the providers’ scheduled consultation hours. Clients must make arrangements with other providers in order to continue care outside of the fall and spring semesters. Referrals to outside psychiatric providers will be provided upon request. Additional psychiatric service policies are included in “Informed Consent Form for Psychiatric Services” form signed by all clients seeking such services.

Emergencies
LUCC hours are M-F 8-5 (closed daily 12-1 for lunch and Tuesday and Thursday 10:30-11:30 for chapel). During academic breaks, the LUCC may be closed or operating under reduced hours. For emergencies during regular operating hours call 423-614-8415, come to the LUCC located on campus behind the School of Religion, call 9-1-1, Crisis Response at 423-634-8995, or proceed to the nearest emergency room. For emergencies outside of regular business hours call 9-1-1, Crisis Response at 423-634-8995, or proceed directly to the nearest emergency room.

Client Initials: _______
Additional Policies and Procedures Impacting Client Behavior

In an effort to better serve the Lee University community and make explicit operating policies of the LUCC that directly relate to client behavior, we have provided the following:

- **Counselors and support staff of the LUCC are discouraged from using email or social networking sites to communicate with clients.** Email/social networking are not secure forms of communication. Furthermore, emails or social networking messages may not be read at all or within a given period of time. Therefore, please do not use email or social networking to communicate with LUCC staff. LUCC staff will not be responsible for information communicated via email or social networking. Please note that any communication with an LUCC staff member (including email or any other form of electronic communication) may become part of your legal record.
  - For scheduling, please contact the LUCC receptionist by phone at 423-614-8415.
  - For any other matter, please discuss your concerns with a counselor in person during your next scheduled appointment.

- **Counselors who teach academic classes are not to have the same person as both a counseling client and a student in class simultaneously.** If you wish to take a class taught by your current counselor, you must transfer to a different counselor or discontinue counseling at the LUCC during that semester. Please take this policy into account when planning course schedules as taking a different class may be a more appropriate option than transferring counselors for some clients.

- **Counselors are encouraged to refuse gifts from clients.** If you wish to express appreciation to your counselor, please do so verbally, as this will be highly appreciated and valued by your counselor. Material gifts such as CDs, jewelry, books, etc. will most likely not be accepted due to ethical guidelines related to protection of clients from the potential for exploitation.

- **Counselors and clients should seek to minimize external (outside of session) contact as much as possible.** While elimination of all contact outside of therapy is virtually impossible in a campus environment, contact should be minimized when possible so as to establish and maintain appropriate/healthy boundaries for both parties, support confidentiality, protect against exploitive dual relationships, and create the most effective atmosphere possible in therapy.

- **Counselors are discouraged from providing letters to professors, financial aid officers, or other university administrators that contain requests for accommodations, statements of therapeutic progress/content/diagnoses, possible reasons for academic or social difficulties, or any form of conjecture on the part of the counselor.** Instead, a letter listing dates of treatment and level of treatment attendance/participation will be provided upon request with written consent.

- **Clients wishing to participate in sessions of pre-marital counseling in order to receive a discounted TN marriage license must present for intake at least 6 weeks before the scheduled wedding date.** Sessions may only be scheduled as frequently as once per week and perhaps less frequently depending on demand and scheduling compatibility; therefore, ample time must be allowed to participate in the requisite sessions before becoming married.

- **Clients are welcome to request transfer of counselor for any reason.** Although consistency in the therapeutic relationship is critically important, the originally assigned client/counselor dyad may not always be the best fit for an individual’s needs. Clients wishing to transfer should make one last appointment with their current counselor to explain reasons for requesting a transfer. The counselor will then work with the client to determine who or what resource would be a better match for his/her needs and arrange a transfer. Please be advised that requesting a transfer may result in a wait for services given existing staff caseloads and waitlists. Administrative/reception staff will not make the clinical decision of transferring a client from one counselor to another. Any client/counselor assignment decision can be appealed directly to the Director of the LUCC.

- **Clients must contact the LUCC to schedule their first appointment by Tuesday at 5pm after receiving an initial contact from the LUCC on the previous Wednesday.** The LUCC staff meets every Wednesday to assign clients to therapy groups or an individual counselor. The LUCC secretary attempts to contact each client on Wednesday afternoon to relay this information and schedule an initial appointment. Clients must respond to this contact before the following Tuesday at 5pm or their spot will be re-assigned to a new or waitlisted client. Clients who have lost their initial assignment remain eligible for services at the LUCC but are subject to re-assignment or being placed on the waitlist.

Client Initials: _______
INTAKE QUESTIONNAIRE

Please fill in or circle the appropriate responses to the following questions. You may leave any item blank or discuss any item with a counselor before answering. All information is protected under the confidentiality policies noted above.

Personal Information

Full Name: ___________________________ Maiden Name: ___________ Today’s Date: ________

Date of birth: / / Age: Student ID #: 

Local or Cell Phone: ____________________________

Please check here if we may NOT leave a message at this number: ___

Email Address: ____________________________

Please check here if we may NOT leave a message at this address: ___

Local Mailing Address: ____________________________

Emergency Contact: By listing the contact information below and initialing here, you are giving the LUCC permission to contact this person in the event of a physical or mental health emergency including but not limited to a life-threatening situation, a client’s death/incapacitation, or imminent risk of harm to self/others should such contact be deemed beneficial by the appropriate LUCC staff member(s):

Emergency Contact Name: ____________________________ Phone: ________ Relationship: ________

What is your gender identity: Woman Man Transgender Self-identify (please specify): ____________

Do you consider yourself: 

Heterosexual Lesbian Gay Bisexual Questioning Self-identify (please specify): ____________

Relationship Status: 

Single Serious dating or committed relationship Civil Union, Domestic Partnership, or Equivalent

Married Separated Divorced Widowed

What is your race/ethnicity: 

African American/Black American Indian or Alaskan Native Asian American/Asian

Hispanic/Latino/a Native Hawaiian or Pacific Islander Multi-racial

White Self-identify (please specify): ____________

Are you an international student? Yes / No If yes, what is your country of origin? ____________

Health Insurance

☐ I have health insurance: Company Name ____________

☐ I DO NOT have health insurance

☐ I do not know if I have health insurance

Please indicate your desired treatment level:

☐ 1-2 time consultation ☐ Short-term therapy: 6-8 sessions ☐ Long-term therapy: 9+ sessions

In the space below, please briefly describe the concerns that prompted you to talk with an LUCC staff member today:

____________________________________

____________________________________

____________________________________

____________________________________

Client Initials: _______
Are you currently enrolled? Yes/No  
Full-time/Part-time?  

Are you the first generation in your family to attend college? Yes / No  

Did you transfer from another campus/institution to this school? Yes / No  

What is your academic major? ___________________________  

Current Academic Status:  
- Freshman/First Year  
- Sophomore  
- Junior  
- Senior  
- Graduate student  
- Non-student  

Other (please specify): ___________________________  

What is your current GPA? ___________________________  

Graduate or Professional Degree Program (Specify): ___________________________  

What year are you in your graduate program?  
1  2  3  4  5+  

Are you registered with the Office of Academic Support on this campus as having a documented and diagnosed disability?  
Yes / No / Prefer not to respond  

If you selected “yes” for the previous question, please indicate which category of disability you are registered for  
(Circle all that apply):  
☐ Difficulty hearing  
☐ Difficulty speaking or language impairment  
☐ Traumatic brain injury  
☐ ADD or ADHD  
☐ Cognitive difficulties or intellectual disability  
☐ Psychological or psychiatric condition  
☐ Mobility limitation/orthopedic impairment  
☐ Specific learning disabilities  
☐ Autism spectrum disorders  
☐ Health impairment/condition, including chronic conditions  
☐ Other (please specify): ___________________________  

What kind of housing do you currently have?  
- On-campus residence hall/apartment  
- Off campus apartment/house  
- Other (please specify): ___________________________  

Residence Hall and Room Number: ___________________________  

With whom do you live?  
☐ Alone  
☐ Spouse, partner, or significant other  
☐ Roommate(s)  
☐ Parents or guardian  
☐ Children  
☐ Family other  
☐ Other (please specify): ___________________________  

Do you currently participate in any of the following organized college athletics?  
☐ Intramural  
☐ Club  
☐ Student Athlete  

If yes, which sport? ___________________________  

Please estimate your level of involvement in organized extra-curricular activities (e.g., sports, clubs, student government, etc.):  
☐ None  
☐ Occasional Participation  
☐ One Regularly Attended Activity  
☐ Two Regularly Attended Activities  
☐ Three or More Regularly Attended Activities  

Please indicate the number of hours per week you are actively involved in organized extra-curricular activities (e.g., sports, clubs, student government, etc.): ___________________________
Environmental Data

What is the average number of hours you work per week during the school year (paid employment only)?

Have you ever served in any branch of the US military (active duty, veteran, National Guard, or reserves)? Yes / No

Did your military experiences include any traumatic or highly stressful experiences which continue to bother you? Yes / No

If yes, please describe:

How would you describe your financial situation while growing up?
- Always Stressful
- Often Stressful
- Sometimes Stressful
- Rarely Stressful
- Never Stressful

How would you describe your financial situation right now?
- Always Stressful
- Often Stressful
- Sometimes Stressful
- Rarely Stressful
- Never Stressful

Religious or spiritual preference (please select single most-accurate option):
- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- No preference
- Spiritual/non-organized religion
- Self-identify (please specify):

To what extent does your religious or spiritual preference play an important role in your life?
- Very important
- Important
- Neutral
- Unimportant
- Very unimportant

Please indicate how much you agree with this statement: “I get the emotional help and support I need from my family.”

Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

Please indicate how much you agree with this statement: “I get the emotional help and support I need from my social network (e.g., friends and acquaintances).”

Strongly Disagree
Somewhat Disagree
Neutral
Somewhat Agree
Strongly Agree

Mental Health History

<table>
<thead>
<tr>
<th>Please indicate if and when you have had the following experiences:</th>
<th>How many times?</th>
<th>The last time (most recent)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended Counseling for mental health concerns</td>
<td>Never Prior to College After Starting College Both</td>
<td>Previous Therapist?</td>
</tr>
<tr>
<td>Taken a prescribed medication for mental health concerns:</td>
<td>Never Prior to College After Starting College Both</td>
<td>Name of Medication? Dosage?</td>
</tr>
<tr>
<td>Been hospitalized for mental health concerns</td>
<td>Never 1 time 2-3 times 4-5 times More than 5 times</td>
<td>Never Within the last 2 weeks Within the last month Within the last year Within the last 1-5 years More than 5 years ago</td>
</tr>
<tr>
<td>Felt the need to reduce your alcohol or drug use</td>
<td>Never 1 time 2-3 times 4-5 times More than 5 times</td>
<td>Never Within the last 2 weeks Within the last month Within the last year Within the last 1-5 years More than 5 years ago</td>
</tr>
<tr>
<td>Others have expressed concerns about your alcohol or drug use</td>
<td>Never</td>
<td>Never</td>
</tr>
<tr>
<td><strong>Question</strong></td>
<td><strong>Never</strong></td>
<td><strong>1 time</strong></td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
<td>Received treatment for alcohol or drug use</td>
<td>Never</td>
<td>1 time</td>
</tr>
<tr>
<td>Purposefully injured yourself without suicidal intent (e.g., cutting,</td>
<td>Never</td>
<td>1 time</td>
</tr>
<tr>
<td>hitting, burning, etc.):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seriously considered attempting suicide</td>
<td>Never</td>
<td>1 time</td>
</tr>
<tr>
<td>Made a suicide attempt</td>
<td>Never</td>
<td>1 time</td>
</tr>
<tr>
<td>Considered causing serious physical injury to another person</td>
<td>Never</td>
<td>1 time</td>
</tr>
<tr>
<td>Intentionally caused serious physical injury to another person</td>
<td>Never</td>
<td>1 time</td>
</tr>
<tr>
<td>Someone had sexual contact with you without your consent (e.g., you were</td>
<td>Never</td>
<td>1 time</td>
</tr>
<tr>
<td>afraid to stop what was happening, passed out, drugged, drunk, incapacitated, asleep, threatened or physically forced)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experienced harassing, controlling, and/or abusive behavior from another</td>
<td>Never</td>
<td>1 time</td>
</tr>
<tr>
<td>person (e.g., friend, family member, partner, or authority figure)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experienced a traumatic event that caused you to feel intense fear,</td>
<td>Never</td>
<td>1 time</td>
</tr>
<tr>
<td>helplessness, or horror</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please select the traumatic event(s) you have experienced:

- Childhood physical abuse
- Childhood sexual abuse
- Childhood emotional abuse
- Physical attack (e.g., mugged, beaten up, shot, stabbed, threatened with a weapon)
- Sexual violence (rape or attempted rape, sexually assaulted, stalked, abused by intimate partner, etc.)
- Military combat or war zone experiences
- Kidnapped or taken hostage
- Serious accident, fire, or explosion (e.g., an industrial, farm, car, plane, or boating accident)
- Terrorist attack
- Near drowning
- Diagnosed with life threatening illness
- Natural disaster (e.g., flood, quake, hurricane, etc.)
- Imprisonment or torture
- Animal attack
- Other (please specify): ________________

Current Mental Health Concerns

In the past 2 weeks. How many times have you had: five or more drinks* in a row (for males) OR four or more drinks* in a row (for females)?*A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.

<table>
<thead>
<tr>
<th>None</th>
<th>Once</th>
<th>Twice</th>
<th>3 to 5 times</th>
<th>6 to 9 times</th>
<th>10 or more times</th>
</tr>
</thead>
</table>

In the past 2 weeks. How many times have you smoked marijuana?

<table>
<thead>
<tr>
<th>None</th>
<th>Once</th>
<th>Twice</th>
<th>3 to 5 times</th>
<th>6 to 9 times</th>
<th>10 or more times</th>
</tr>
</thead>
</table>

Do any of the following currently apply to you (Check all that apply)

- Have to make a major life decision in the next 2-3 days.
- Have been referred by a faculty or staff member. Please provide name ________________________________

Have you had any of the following experiences in the past 7 days (Check all that apply):

- Inflicted or attempted to inflict serious bodily harm to yourself or someone else.
- Heard or seen things that do not exist.
- Been without sleep or food for 2 consecutive days or more.
- Experienced uncontrollable despair, anxiety, or anger.
- Had a severe reaction to psychiatric medication.
- Been unable to provide for your own food, clothing, or shelter.

Schedule

CROSS OUT all appointment times for which you would be UNAVAILABLE for counseling on a regular basis due to class, work, etc. Please note that the more availability you provide, the more likely it is that your schedule will match the schedule of an LUCC counselor.

|-----|------|------|-------|-------|------|------|------|------|
REQUIRED SIGNATURES
You may discuss any of the following with a counselor before signing.

I have completed this form truthfully and attest that I am entering into counseling voluntarily. I have read and understand ALL of the above information, and I am fully aware of my rights, the benefits, and risks that counseling may present. I am also fully aware of the limits to confidentiality. Should I have any questions or concerns about any of this information, I agree to discuss these promptly with my counselor.

Signature Date

For Couples Counseling ONLY:
Due to the significantly high demand for services and limited resources available, clients may choose to receive individual or couples counseling at the LUCC, but may not be involved in both simultaneously. To receive couples counseling, at least one member of the couple must be a currently enrolled Lee University student. Regarding records, because the counseling record belongs to the couple rather than the individuals, both members must give written consent before any records can be released. Non-students agree that they are eligible to receive couples counseling ONLY and further agree to accept an appropriate outside referral should individual mental health needs take precedence over the couples counseling or should it be determined that individual counseling would be more appropriate for either member. By accepting a non-student member of a couple for couples counseling, the LUCC is in no way taking clinical responsibility for the mental health needs of the non-student member as an individual.

Signature – LEE UNIVERSITY STUDENT Date

Signature – NON-STUDENT OR 2ND STUDENT PARTNER Date

REQUESTED/RECOMMENDED SIGNATURES
You may discuss any of the following with a counselor before signing.

Research and Reporting:
LUCParticipates in a national research project designed to improve our services and expand the knowledge about college student mental health. We participate by contributing anonymous, numeric data provided by those who use our services (and are over 18 years old) to a database managed by researchers at Penn State University. Data is stripped of all personally identifying information and then combined with anonymous, numeric data from other colleges nationwide for statistical analysis. Because data cannot be linked to specific individuals, there are virtually no risks contributing data. With your permission, we would like to contribute anonymous, numeric data from the questionnaires you just completed. Your decision is voluntary and will not affect the services you receive. If you have questions or concerns, you may contact Dr. David Quagliana, LUCC Director at dquagliana@leeuniversity.edu. Your signature below indicates permission for the LUCC to contribute ANONYMOUS data as described above.

Signature Date

Supervised Staff Members and Recording Sessions for Training:
Some clinical staff members of the LUCC are graduate-level interns, under the direct supervision of licensed mental health clinicians. Individuals who are en route to professional licensure as psychologists, counselors, or marriage/family therapists are required to be under supervision and must report their clinical activities to their supervisor(s). All staff members under supervision are also required to disclose their level of training and the name of their clinical supervisor(s) to clients.

Audio or video recording of your sessions can help you, the supervised staff member, and the supervisor(s) to review the course and process of your counseling. Therefore, you are encouraged, but not required, to allow the recording of some or all of your sessions. The recordings will only be reviewed by your counselor and his/her clinical supervisor. You may request that the recorder be turned off at any time and may request that the file or a portion of it be erased immediately. Recordings are to be used for your treatment and/or supervisory purposes only. Files will never be removed from the building and will be erased promptly.

I understand that my counselor MAY be under the supervision of a licensed professional. I grant permission for my counselor to record my counseling sessions.

Signature Date