INFORMED CONSENT FOR COUNSELING SERVICES,  
EXPLANATION OF CONFIDENTIALITY, AND  
CONSENT FOR DISCLOSURE OF  
CLINICAL RECORDS AND INFORMATION  
BAYLOR UNIVERSITY COUNSELING CENTER

COUNSELING SERVICES: The BUCC offers a wide range of clinical services to meet the mental health needs of students. We offer brief consultation, individual therapy, couples therapy, as well as group therapy and clinics to address a wide range of student concerns. All of our services are free and confidential. The BUCC operates primarily from a short-term model of care which means that students whose concerns indicate a need for more intensive services (e.g. request to meet more than once per week) or specialized services not available at the BUCC may be connected to other professionals or agencies in the community if appropriate. Appointments are scheduled 8 a.m. to 5 p.m. Monday through Friday. A member of the clinical staff is on call for crisis consultation after regular office hours.

FEES: You have access to the BUCC if you have paid the student services fee required by the University.

If, due to an illness or emergency, you are unable to attend your scheduled appointment, please call the Baylor University Counseling Center and cancel the appointment.

Initial Here

I understand that if I do not present for my appointment and do not reschedule by 5 p.m. the next business day or if I cancel two consecutive appointments, my appointment time may be assigned to another student. In this event, I understand that counseling services are still available to me, but I may be placed at a different time and with a different counselor depending on availability.

TREATMENT PLANNING:

Initial Here

Developing a plan for the services I receive with the professional staff at the Baylor University Counseling Center is an important part of my treatment. I understand that I should be, and have the right to be, consulted at the beginning of counseling regarding goals, objectives, and intervention techniques, as well as any time during counseling that these change. To the best of my ability, I will be a full partner in this treatment planning process.

CONFIDENTIALITY AND CONSENT FOR DISCLOSURE OF CLINICAL RECORDS AND INFORMATION

I understand that as part of the provision of health care and counseling services, Baylor University Counseling Center creates and maintains clinical records and other information describing among other things, my medical history, my mental health history, symptoms, assessment and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that I have a right to access and review my clinical record unless deemed harmful to my mental health by my counselor. I understand I can make that request in writing at any time.

I am aware that my appointments, personal demographic data, and clinical records are kept on Center password protected computers and any reports on Center computers are password protected. I am aware this information is maintained in an electronic format that is also used by the Health Center and the following counseling information is available to Health Center staff: date of last visit, number of visits, counselor name, and diagnoses. Further, I am aware that a file on me is maintained for 10 years or, if I am a minor, for 10 years after I turn 18 years old.

By signing this form, I consent to the use and disclosure of all clinical records maintained by the Baylor University Counseling Center and my protected mental health information for the purposes of treatment, payment and health care operations. I have the right to revoke this consent, in writing, except where disclosures have already been made in reliance on my prior consent.
This consent is given freely with the understanding that:

1. Any and all records, whether written or in electronic format, are confidential and may only be disclosed for the purposes of treatment, payment or health care operations and as otherwise provided by the Family Educational Rights and Privacy Act (FERPA) and other applicable law.

2. I further consent to release of information from my records in the following circumstances:
   - If referred by someone else, we may confirm attendance at your first session for the referral source. No further information will be provided to them without your written permission.
   - Information released to other professionals involved in treatment. Most commonly this would be to other members of the counseling staff at BUCC (if involved in your treatment), or a Baylor Student Health Center physician (if assisting in managing your treatment).
   - If you are under 18 years of age, your parents or legal guardian(s) may request access to your records and may authorize their release to other parties.
   - If you are determined to be in imminent danger of harming yourself or someone else.
   - If you disclose sexual misconduct by a therapist.
   - If you disclose abuse or neglect of children, the elderly, or disabled persons.
   - To qualified personnel for certain kinds of program audits or evaluations.
   - To individuals, corporations, or governmental agencies involved in paying or collecting fees for services. This includes insurance companies.

In addition to the gains and positive outcomes that are associated with counseling and therapy, some “side effects” are possible. Because counseling involves discussing issues that have or are presenting you with some difficulty, you may find: 1) the energy it takes to focus on your issue(s) may make it harder to concentrate on other things as much as you’d like; 2) emotions may be more available to you and you may feel moodier; 3) you may see things in new or different ways and this may be confusing or difficult for a short time; and 4) relationships may be affected as you examine interpersonal issues.

COUPLES COUNSELING: Records related to couples counseling sessions are maintained in an individual’s record with the identifying information for the spouse or partner removed. Although the information discussed in couples sessions is considered confidential by BUCC staff members, confidentiality by the participating spouse or partner in couples counseling cannot be guaranteed.

GROUP COUNSELING: Records related to group counseling sessions are maintained in a student’s individual record with the identifying information for other group members removed. Although the information discussed in group sessions is considered confidential by BUCC staff members, confidentiality by other group members cannot be guaranteed. Confidentiality will be discussed and strongly encouraged among all group members as a vital part of group membership.

NOTE: Students should be aware that many states, including Texas, ask about therapy as part of application to the bar. In a few states medical boards request this information as well. Similar information is requested by some religious denominations prior to ordination. Some federal agencies require releasing this information for applicants for sensitive government positions. In the past we have responded to these requests with brief summaries, which have been sufficient. This information is only released with your written consent.

I UNDERSTAND THE LIMITS TO CONFIDENTIALITY STATED ABOVE AND ACCEPT THEM AS PART OF THE CONDITIONS OF RECEIVING SERVICES AT THE BAYLOR UNIVERSITY COUNSELING CENTER. I FURTHER CONSENT TO THE DISCLOSURE OF MY COUNSELING CENTER RECORDS AS EXPLAINED IN THIS CONSENT. I understand that I may withdraw this consent in writing and terminate treatment at any time.

____________________________  ______________________________
Client’s Name (please print)  Client’s Signature

____________________________
Date

If you have any questions about this form, please ask your counselor.

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