

**COLLEGE FOR CREATIVE STUDIES  
INFORMED CONSENT FOR CCS COUNSELING SERVICES**

**Eligibility and Service Limits**

The Wellness Center provides solution-focused counseling services for CCS students (“clients”) who are currently attending full-time or part-time. The services you receive at the Wellness Center are based on a determination of your needs and goals.

**Our Counselors/ Fees**

The personal counselors at the Wellness Center are Licensed Mental Health Providers, licensed by the State of Michigan. They have at least a master’s degree in counseling, social work, or psychology. The counselors will provide you additional information regarding their training and counseling methods and philosophies at the start of the counseling relationship. There are no fees charged to registered CCS students for counseling services.

**Referrals**

The personal counselors generally provide solution-focused counseling services. Our counseling is a way to assist clients through personal difficulties that may affect or hinder their academic performance at CCS. Services provided by the personal counselors are not intended to include crisis or long-term counseling needs, or diagnose or treat serious and/or persistent mental illness or mental disorders. Should your needs or presenting issues require services that the Wellness Center does not provide, you will be referred to another agency or treatment provider that can meet your needs. CCS personal counselors will assist the client in finding an appropriate professional or organization that may specialize in the issues presented by the client. These professionals are not paid by or employed by CCS. A referral does not represent an endorsement or formal relationship between the referral source and CCS.

**All referrals are at the discretion of CCS and are voluntary on the part of the client.**

**Confidentiality**

The personal counselors adhere to Federal and State laws and professional ethical standards. Counseling records are confidential, maintained and stored in secured cabinets with access restricted to personal counseling staff, and may only be released when mandated by a court or authorized by your signature (or that of your legal representative), with some exceptions. We are legally required to disclose information in some situations to protect people from harm, even though that requires revealing some information about a client’s treatment. The following situations are exceptions to confidentiality:

- If we believe that a client is threatening serious harm to another person, we are required to take protective actions, which may include but is not limited to, appropriate CCS personnel, notifying the potential victim, notifying the police, or seeking appropriate intervention.
- If a client threatens to hurt him/herself, we may be required to contact others who can help provide protection from harm.
- If we learn from first-hand knowledge that a child or incapacitated adult is being abused, we may be required to file a report with an appropriate agency.
- If your records are requested by a proper subpoena or court order, we may be required to turn your records over to the court.
- **In addition, confidential counseling information may be disclosed where necessary for administrative supervision, clinical supervision, consultation, or other internal administrative functions – such as the Student Concerns Committee. Counselors reserve the right to verify attendance in counseling when there is a referral initiated by an administrator, faculty or staff.**

A copy of the Office of Student Affairs’ Notice of Privacy Practices is attached. Please review it carefully.

**Risks and Benefits of Counseling**

There is a possibility of benefits and risks when participating in counseling. The risks may involve the remembering of unpleasant events and may arouse strong emotional feelings. Counseling may also impact relationships with significant others. The benefits of counseling may be an improved ability to relate with others; a clearer understanding of self, values, goals; increased academic productivity; and ability to deal with everyday stress. You and your personal counselor will work together to determine the pace and form of treatment so as to minimize the risks while maximizing the benefits of counseling.

**Location, Hours, and Emergencies**

The personal counselors are available in the Wellness Center, second floor Yamasaki Building Monday – Friday from 8:30am – 4:30pm. The mailing address for the wellness center is: 201 E. Kirby, Detroit, MI 48202.

**For after-hour emergencies you may contact the Wayne State University Psychology Clinic’s 24-hour crisis line at 313-224-7000, National Suicide Prevention Lifeline 1-800-273-8255, or go to the nearest hospital emergency room.**

**E-mail**

With respect to electronic mail (e-mail), be cautioned that e-mail is not a confidential means of communication. Furthermore, the Office of Student Affairs cannot ensure that e-mail messages will be received or responded to if the personal counselor is not available. E-mail is not the appropriate way to communicate confidential, urgent or emergency information

**Appointments**

Student Affairs professional staff, for the purposes of scheduling and managing appointment times, do have access to the personal counselors electronic calendars. Only the student’s name, phone number and date/time are included in this information. All Student Affairs professional staff adheres to protecting each student’s confidentiality per their signed confidentiality agreement form.

If you are unable to keep a counseling appointment, please call 313-664-7879 to cancel 24 hours in advance or as soon as possible. If your personal counselor cannot keep an appointment with you, you will be contacted by the Office of Affairs or another personal counselor from the wellness center to reschedule your appointment. If you do not show for a scheduled appointment and do not contact your personal counselor for a follow-up appointment within 30 days, your file will be closed. You can reopen your file at any time by contacting one of the personal counselors or the Office of Student Affairs to schedule an appointment. **If you are chronically late or do not attend your scheduled appointments your eligibility for personal counseling services may be revoked.**

**Contacting You**

In the event that the staff at the Office of Student Affairs needs to contact you, please provide a phone number and e-mail address where you wish to be reached, and whether you authorize the Office of Affairs to leave messages.

Phone number: \_\_\_\_\_ HOME WORK CELL (circle one)

May we leave messages for you at this number? YES NO (circle one)

Email address: \_\_\_\_\_

I AM OVER THE AGE OF 18. I HAVE READ THE ABOVE INFORMATION AND HAVE HAD THE OPPORTUNITY TO DISCUSS ANY QUESTIONS I HAVE ABOUT THIS INFORMATION. I CONSENT TO CCS COUNSELING SERVICES UNDER THE CONDITIONS SET FORTH ABOVE. IN ADDITION, I CERTIFY THAT I HAVE RECEIVED AND READ THE OFFICE OF STUDENT AFFAIRS’S NOTICE OF PRIVACY PRACTICES.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

For minors between the ages of 14 and 17 Michigan Law allows for 12 sessions or four months of counseling, whichever occurs first without parental/guardian consent. Once a minor reaches their session limits a signature from their parent or legal guardian is required for continued counseling services. Michigan Law prohibits personal counselors from providing referrals to minors for pregnancy termination services. Information regarding a minor receiving personal counseling services shall only be released as required or allowed by law.

I AM THE PARENT/LEGAL GUARDIAN OF \_\_\_\_\_. I HAVE READ THE ABOVE INFORMATION AND CONSENT TO HIS/HER RECEIVING CCS COUNSELING SERVICES UNDER THE CONDITIONS SET FORTH ABOVE. IN ADDITION, I CERTIFY THAT I HAVE RECEIVED AND READ THE OFFICE OF STUDENT AFFAIRS’S NOTICE OF PRIVACY PRACTICES.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I HAVE DISCUSSED THIS INFORMATION WITH AND GIVEN A COPY TO THE STUDENT.

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_