Welcome to the University Counseling Center

CLIENT INFORMATION

The following information provides details about some of the policies and procedures of the Texas Southern University-University Counseling Center.

Within the University Counseling Center are three departments:
1. Counseling Center (including psychiatric services)
2. Office of Disability Services
3. Drug and Alcohol Education Services

All of the information presented in this document applies to each. We ask you that you read and sign to acknowledge receipt and understanding of our policies. Please feel free to ask questions when desired.

1. **Eligibility for Services**
Our services are available to all currently enrolled Texas Southern University Students at no cost.

2. **Counseling Services**
The Texas Southern University - University Counseling Center offers a range of professional services for students wanting help with psychological issues, psychiatric issues, personal concerns, interpersonal issues, crisis intervention, etc. Students may be seen by either a Licensed Mental Health Professional, temporarily Licensed Mental Health Professional or Graduate Student who shall be referred to as “Counselor” in this document. Students will be made aware of the credentials of the person they are scheduled to meet with prior to the beginning of the session. Continuing services, if needed, may be offered in the form of individual, relationship, group, or family meetings, depending on what best meets the student’s need. Students will have the opportunity to participate in constructing an Individual Treatment Plan, when one is recommended. If your Counselor determines that your treatment needs require resources or competencies beyond what we can provide, we will assist with a referral to an appropriate community provider.

3. **Confidentiality**
All contact between you and your Counselor will be held in confidence and will not, except under the circumstances explained below, be disclosed to anyone outside of the University Counseling Center unless you give written authorization to release the information.

In situations involving danger and/or risk of imminent harm to yourself or others (i.e., suicidal ideations, homicidal ideations, child abuse, dependent adult abuse, etc.) your Counselor is required to disclose this information to the local law enforcement in order to protect you and/or others. In certain legal situations (i.e., court order, etc.) your Counselor may be required to disclose details about your receipt of UCC services. When possible, your Counselor will disclose these types of notifications and enlist your cooperation if necessary.

4. **Counselor Records**
In order for us to maintain accurate records of our services, contact and demographic information, you will be asked to provide us with information about yourself. This information will help us better to understand your situation and plan service. Counseling files are **NOT** apart of your academic records, and no one has access to them except for Texas Southern University-University Counseling Center staff. Complete records are maintained for seven years. To request copies of your records, please submit a written request to the Texas Southern University Office of the General Counsel for approval.

(OVER)
5. **Staff Consultation**
In order to provide you with the best care, your Counselor may consult with or receive supervision from another member of our staff (including staff Psychiatrist) concerning the service we provide to you. Your Counselor may request permission to record an interview with you for review purposes. Such recordings are never made without your knowledge and written permission to do so. Upon your request, and with a reasonable explanation, we will reassign you to a different Counselor, if available.

6. **Changing appointments**
If it is necessary to change or cancel your appointment, please call (713) 313-7804 or stop by the Texas Southern University- University Counseling Center 24 hours in advance. Regular attendance of counseling appointments is important in the counseling process.

7. **Missed Appointments**
If you either:
(a) miss a scheduled appointment or do not re-schedule within five business days, or
(b) no show for your first scheduled appointment,

we will assume you are no longer interested in our services and your file may be closed. You may, of course, still receive our services during your current enrollment at TSU by scheduling with us.

8. **Emergency Services**
In case of an emergency when the Texas Southern University Counseling Center is not open, contact the Texas Southern University Campus Police at (713) 313-7000. During the time period when classes are in session, the dispatcher will contact the Counselor on call, and that Counselor to the extent available at that time will endeavor in good faith to get in contact with you. Please note that the anonymous TSU Crisis Helpline is available 24 hours a day and 7 days a week to our students at (713) 313-7863 at no cost.

9. **Research and Evaluation**
The Texas Southern University Counseling Center seeks to evaluate and improve its services to students by conducting research and evaluation projects each year. You may be asked to participate in research projects currently underway. Staff members conducting research and evaluation projects may also take selected information from your file as a part of a project. This activity would always be on an anonymous and confidential basis and restricted to information relevant to the project only and presented only in a generic manner that does not reveal any sensitive details about your particular circumstances.

10. **Facsimile and E-mail Policy**
Given that fax services and e-mail correspondence is never fully confidential; it is our policy to strictly limit either for communicating with Texas Southern University Counseling Center clients.

*If you have any questions or are not sure that you are clear about any of these policies, please feel free to discuss it with your Counselor.*

I affirm that I have read the policy and procedure statements appearing on both pages of this document.

Client Signature ___________________________ Date __________________
COUNSELING is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. Students may be seen by either a Licensed Mental Health Professional, temporarily Licensed Mental Health Professional or Graduate Student who shall be referred to as “Counselor” in this document. Students will be made aware of the credentials of the person they are scheduled to meet with prior to the beginning of the session. It involves a relationship between you and a trained Counselor who has the desire and willingness to help you accomplish your individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your Counselor is available to support you throughout the counseling process.

We also have a staff Psychiatrist that is available to meet with currently enrolled students (at no cost) if recommended by Counselor after assessment.

CONFIDENTIALITY:
Unless specified below as an exception, all interactions with the University Counseling Center, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. To request copies of your records, please submit a written request to the Texas Southern University General Counsel’s Office for approval.

EXCEPTIONS TO CONFIDENTIALITY:

• For professional and training purposes, your Counselor has a right to disclose to other authorized University Counseling Center staff (including Psychiatrist) and possibly interns any information that you disclose within these counseling services. Our counseling staff works as a team and consultation between authorized staff members to enhance the quality of these services does occur.

• If there is evidence of clear and imminent danger of harm to self and/or others, a Counselor is legally required to report this information to the local law enforcement responsible, (i.e., TSU PD).

• Texas state law requires that staff of the University Counseling Center who learn of, or strongly suspect, physical or sexual abuse or neglect of any person under 18 years of age must immediately report this information to the Texas Department of Family and Protective Services.

• A court order, issued by a judge, may require the University Counseling Center staff to release information contained in records and/or require a therapist to testify in a court hearing.

We appreciate prompt arrival for appointments. Please notify us at (713) 313-7804 or your particular Counselor if you will be late. Twenty-four hour notice is recommended, when possible.

There is no fee for currently enrolled students who receive University Counseling Center counseling services. If you are referred off campus for services, you are financially responsibility for payment.
I have read and discussed the above information with my Counselor. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and what is expected of me as a client of the University Counseling Center.

________________________  _______________________
Signature of Client        Signature of Counselor

________________________
Date

________________________
Signature of Supervisor (if needed)

HIPAA and FERPA Notices

I have received the attached Notice of Privacy Policies for HIPPA and FERPA. I understand that it is my right to ask questions regarding them at any time.

________________________  _________________
Signature                    Date
PSYCHIATRIC OR MEDICAL MANDATORY WITHDRAWALS

(According to the Student Code of Conduct)

Students who prominently display (a) mental disorders, (b) emotional disorders, and (c) other psychological or physical behavior which strongly suggest that the student may do serious harm to self, to others in the University environment, and/or to personal or University property may be administratively withdrawn from the University under the following conditions:

1. The student is unable to meet reasonable standards of conduct required of all students by the University.
2. The student continues to engage in behavior expressly prohibited by the Student Code of Conduct.
3. The student functions either by attempt or repeated threats (including but not limited to written, physical, verbal, nonverbal, etc.) in a consistent manner suggesting suicide, intention to do harm to one’s self or others.
4. The student presents imminent danger to others in a written, physical, verbal, nonverbal, etc. manner.

Any student found in such circumstances, except in extreme emergencies, will be provided a statement indicating the type of behavior exhibited and the evidence which indicates that the student has failed to meet reasonable University standards of academic or social conduct. The statement will also indicate that because of these circumstances, the student may be subjected to involuntary medical withdrawal from the University and must be presented to the psychiatrist or licensed mental health provider. The student must be assessed by a psychiatrist or a psychologist within 30 days of suspension and provide verifiable proof thereof. The student is strongly encouraged to provide written consent allowing his/her mental health provider to communicate with the Director of Counseling at the Student Services University Counseling Center.

The psychiatric review serves as a condition for readmission. If the evaluation of the psychiatrist or the mental health professional supports withdrawal from the University, the student will be provided an informal hearing or an informal meeting with the appropriate Student Services administrator who may be accompanied by the University’s mental health professional. A member of the student’s immediately family, the University’s mental health professional, a Student Services administrator, and/or a faculty member within the student’s major discipline may accompany the student to the mental health facility, and/or disciplinary hearing, with the student’s consent. These professionals may also serve in the capacity of the student’s advisors, with the student’s consent.

If the student is suicidal, he/she must be assessed by either a psychiatrist or medical doctor immediately to determine if psychiatric hospitalization is required. If psychiatric hospitalization is not recommended by a psychiatrist or medical doctor, the student must schedule an intake assessment at the Student Services University Counseling Center by calling (713) 313-7804 within 72 hours and participate in counseling services. If psychiatric hospitalization is recommended, the student is strongly encouraged to provide written
consent for the Director of Counseling at the Student Services University Counseling Center to communicate with their psychiatrist.

Any student withdrawn from the University for medical and/or emotional or psychological reasons may return upon written application for readmission sent to the Vice President of Student Services/Dean of Students or his/her designee. If the sanctions and conditions imposed for the inappropriate behavior have been satisfied and psychiatrist or licensed mental health professional recommends in writing that the risk of threat to self, others or personal or private property by the is sufficiently diminished or non-existent to the extent that the student’s present in the University environment is no longer dangerous to anyone, the student must then appear before a Student Services Administrator in an informal manner as a prior condition to readmission. The same individuals(s) present at the informal hearing used to withdraw the student may also be present at the readmission hearing. A student may be readmitted with the understanding that any reoccurrence of similar behavior may reactivate the withdrawal process.

My signature represents that I am aware of this policy.

Client Signature_________________________________________ Date ___________________________
CONSENT TO GIVE AND RECEIVE INFORMATION IN EMERGENCY SITUATION

Name: ___________________  DOB: _______________  T-number: _______________

Phone Number: _______________  Local address: ____________________________

SSN __________________________

I, the undersigned, hereby authorize the Texas Southern University (TSU) University Counseling Center and Emergency Medical Provider to give and receive information concerning the above-named person to:

| Texas Southern University Departments Authorized to Receive Information (Please initial all that apply) |
| Housing Department  | Office of the Provost  | Police Department  |
| Student Health Center  | Student Services  | Ombudsman  |

____________________________________________________________________________
(Name of Emergency Medical Facility)

____________________________________________________________________________
(Address) (TelephoneNumber)

Other People Authorized to Share and Receive Information With:

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<th>Name</th>
<th>Relationship</th>
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Specific type of information to be shared and received:

- Assessment
- Testing Reports
- Admit/Discharge Dates
- Recommendations /Accommodations
- Treatment Progress
- Drug/Alcohol Issues
- Treatment Summary
- Psychological /Psychiatric Records
- All of the Above
- Other

I understand that the information is to be used for:

- Aftercare Planning
- Continuity of Treatment
- Enrollment Status at TSU
- Referrals
- Follow-up Services
- Other

As the person signing this consent, I understand that I am giving my permission to the above-named provider or other named third party for disclosure of confidential health care records. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the University Counseling Center. A copy of this consent and a notation concerning the persons or agencies to which disclosure was made shall be included with my original records. Any recipient of my records to which this consent pertains must not disclose those records to any third party unless:

- I give a separate written consent; or
- an applicable governmental entity requires that disclosure.

This release is effective during my enrollment at TSU or unless another date is specified: _______________

Name (Signature): ___________________  Date: _______________

Name (Print): ___________________
Name: ___________________________ Date: ___________________________
T-number: ______________________
Campus Phone: __________________ Can we leave a confidential message? Yes ☐ No ☐
Cell phone: ______________________ Can we leave a confidential message? Yes ☐ No ☐
Year in College: 1 2 3 4 5 Grad. Student: Yes ☐ No ☐
Dorm/Apt. Name: ___________________________ ___________________________
Home Address: _______________________________________________________
Home Phone: ________________________ Parents: _________________________
Age: __________ Date of Birth: __________ Sex: Male ______ Female ______
Race: White _____ Black _____ Asian _____ Hispanic _____ Other ______
International Student: Yes _____ No _____ Country: ___________________________
Marital Status: M ______ S _______ D ______ W _______ Sep ______
Major: ___________________________ Career Goals: _______________________
Prior Counseling: Yes _____ No _____ Reason: ___________________________
Presenting Problem: ___________________________________________________
Are you currently taking medication? Yes _____ No _____
If yes, name(s) of the medication(s) _______________________________________
Referred By: _________________________________________________________

What brings you here today?

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<th>Alcohol misuse</th>
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<th>Academic or Learning Challenges</th>
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<td>Anger</td>
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<td>Peer or partner relationships</td>
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<td>Anxiety</td>
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<td>Poor eating habits</td>
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<td>Sexual or physical assault</td>
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