

Community Counseling Training Center
Counselor Education Program, CAHE Department, College of Education
Northern Illinois University, DeKalb, IL 60115
(P) 815-753-9312; (E) cahc_cctc@niu.edu; (F) 815-75-4135

Conditions of Counseling

Counseling Relationship: Unless you prefer otherwise, I will call you by your first name. During the time you and I work together, we usually will meet weekly for approximately 50-minute sessions. Although our sessions may be psychologically deep, our relationship is professional rather than social. Therefore, I will not attend social events with you, take gifts, barter or exchange services, write references or recommendations for you, or relate to you in any way other than the professional context of our counseling relationship. You will benefit the most if our interactions are focused on addressing your counseling concerns.

I conduct all counseling sessions in English or with a translator for whom you arrange and pay. I work to be inclusive of all persons and multicultural identity dynamics including ethnicity/race, gender identity/expression, age, religion or spirituality, national origin, disability/ability, sexual orientation, social class and socioeconomic status, or other salient identity expressions. If significant differences, such as in culture or belief system, exist between us, I will work to understand and honor those differences.

Effects of Counseling: At any time, you may initiate with me a discussion of possible positive or negative effects of entering or not entering into, continuing, or discontinuing counseling. I expect you to benefit from counseling in some way. However, I cannot guarantee any specific results. Counseling is a personal exploration that may lead to major and/or minor changes in your life perspectives, experiences, and choices. These changes may affect your significant relationships, job, and/or understanding of yourself. You may feel troubled, usually only temporarily, by some of the things you learn about yourself, or some of the changes you make. In addition, counseling can result in long lasting effects. Although the exact nature of changes resulting from counseling cannot be predicted, I intend to work with you to achieve the best possible results for you at this time.

Conditions of Ongoing Counseling: If you have been in counseling or psychotherapy during the past six years, and I deem it important to our current work, I may request that you to sign a release of information so I may communicate with and/or receive copies of records from the professional(s) from whom you received mental health services. By signing this form, you are agreeing to disclose all previous mental health treatment and to reimburse the Community Counseling Training Center (CCTC) for any expenses charged by your previous mental health professional(s) for supplying copies of your records. While you are in counseling with me, at the CCTC, you agree not to maintain or establish a professional relationship with another mental health professional unless you first discuss it with me and sign a release that enables me to communicate with the other mental health professional(s). If you decide to maintain or establish a professional relationship with another mental health professional against my advice, I may consider this your decision to change counselors and the Community Counseling Training Center reserves the right to terminate your counseling services for that time.

Center Policies

Appointments, Cancellation, and Termination: Our in-person contact will be limited to counseling sessions you arrange with me. My scheduled time at the Community Counseling Training Center is limited each week. I may not be able to accommodate rescheduling of our weekly appointment times. Please let me know a week in advance if you know you will not be able to attend our regular appointment time the following week.

The Community Counseling Training Center (CCTC) is a training facility and maintains a strict schedule of service appointments. If you have to miss a session, please call the CCTC staff at 815-753-9312 to cancel your session as soon as possible. Please provide your name, the date and time of your session, and my name, as your counselor. If you miss two consecutive counseling sessions without notifying the CCTC staff, your services may be terminated.

If you are a student receiving any sort of course credit as one result of our counseling work, I will provide confirmation of the number of attended counseling sessions you attended at the end of our termination of counseling work. You should be aware that intake service sessions are not counted as counseling sessions.

CCTC counselors are contracted for one, 3-4 month period at a time. If you are terminated due to non-attendance or if we agree to terminate your counseling services, you may reapply for services at any time; however you may be placed with a different counselor, pending counselor availability at that time.

Consent to Supervised Services and Confidentiality: I am a counselor-in-training in the counseling program at Northern Illinois University and am under the direct supervision of supervisors listed on page one, whom may be contacted at 815-753-9312. All our counselor sessions are **confidential**. This means that no information will be released to persons or agencies regarding the fact that counseling has been received or the nature of the concerns being addressed without your written consent or written consent of a legal guardian when applicable. Danger to self and/or others (i.e., suicide or homicide) may necessitate the breaking of confidentiality. In addition, by law suspected child abuse and/or neglect, elder abuse and/or neglect, and incapacitated adult abuse and/or neglect communicated by clients must be reported to appropriate agencies by counseling staff.

Recording and Observation: Counselors-in-training receive consultation and supervision. To aid in this, I must request to have your sessions recorded and/or observed. Information and recordings will be treated according to ethical standards. Confidentiality will be strictly maintained; information will not be released to any other person or agency without your written permission. In accordance with Illinois state laws, written records will be maintained for the appropriate length of time and then properly destroyed. If you have questions, please talk them over with me.

Educational Research: As an educational training center in counseling, Northern Illinois University's Counselor Education program may use recorded counseling session(s) for internal educational training purposes. These recordings will be used exclusively for the non-commercial, educational training of graduate-level and post-graduate level counselors-in-training and supervisors-in-training. There will be no financial or other remuneration for use of recordings, either for initial or subsequent transmission or playback. This consent includes use of written and images of non-identifiable information to be used for educational purposes including future research. Identifiers will be removed from your identifiable private information and after such removal, the information could be used for future research studies or distributed to another counseling program affiliated researchers for future research studies without additional informed consent.

*Northern Illinois University, NIU CAHE Department and, NIU Counselor Education Program are released from any liability resulting from such educational and/or research work. Your permission and consent may be rescinded; however, in order for the revocation of permission/consent to be effective, it must be made in writing.

Crises: The Community Counseling Training Center (CCTC) is not equipped for after-hours emergencies. Any messages left on the CCTC answering machine after Thursdays' hours may not be heard until Monday afternoon. If you are a NIU student and a need arises and assistance is required immediately, please contact the NIU Counseling & Consultation Services after-hours on-call counselor at 815-753-1206. If you are not a student at NIU, contact the Ben Gordon 24-Hour Community Crisis Hotline at 866-242-0111.

In the event that I believe you are in danger, to yourself or another person, by signing consent for CCTC counseling services, you specifically consent for me to warn the person in danger and to contact your designated emergency contact person(s), in addition to medical and/or law enforcement personnel.

*If you are a current NIU student, in accordance with Public Act 099-0278 you have been given the opportunity to declare a mental health emergency contact. While under the mental health care of the CCTC, we will default to contacting the person listed on our consent forms first and any person listed as your NIU mental health emergency contact will be contacted within 24 hours.

Client Rights

Some clients achieve their goals in only a few counseling sessions, whereas others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time. If you choose to end the counseling relationship, I ask that you participate in a termination session. You also have the right to refuse or to discuss modification of any of my counseling interventions or suggestions that you believe might be harmful. I render counseling services in a professional manner consistent with accepted ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to help you resolve your concerns, you may report your complaints to my supervisor(s) listed on page one. As a client you have the right to:

- Be informed of the qualifications of your counselor: education, experience, and professional counseling certification(s) and State license(s).
- Receive an explanation of services offered, your time commitments, fee scales and billing policies prior to receipt of services.
- Be informed of limitations of the counselor's practice to special areas of expertise (e.g., career development, spirituality, etc.) or age group (e.g., adolescents, older adults, etc.).
- Have all that you say treated confidentially and be informed of any state laws placing limitations on confidentiality in the counseling relationship.
- Ask questions about the counseling interventions and strategies and be informed of your progress.
- Participate in setting goals and evaluating progress towards meeting them. Be informed of how to contact a mental health professional in an emergency situation.
- Request referral for a second opinion at any time.
- Request copies of records and reports to be used by other counseling professionals.
- Request to review your records, and make amendments.
- Receive a copy of the code of ethics to which your counselor adheres.
- Contact the appropriate professional organization if you have doubts or complaints relative to the counselor's conduct.
- Terminate the counseling relationship at any time.
- If you have any concerns about your rights, you may contact your counselor's supervisor or the Community Counseling Training Center Director.

Privacy Rights under HIPAA: You have the right to review your client file in the presence of your counselor, the supervisor, or the CCTC Director. You may ask for a copy of your file and will be charged a per-page copy fee at the current university copying rate. You may ask for corrections or clarifications of the content in the file and that will be recorded in the notes. You may ask to review the CCTC HIPAA procedures. You may also ask for a meeting with a HIPAA compliance officer (the CCTC Clinical Director)

Referrals: The CCTC staff recognizes that not all concerns presented by clients are appropriate for treatment at this facility. For this reason, you and/or I may believe a referral is needed. In such a case, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives. I most likely will be available to be your counselor at the CCTC until the end of this current academic semester. If you wish to continue counseling beyond that time, I will provide limited continuation and/or referral options.

Client Responsibilities

- Set and keep appointments with your counselor. Let him/her know as soon as possible if you cannot keep an appointment or are running late.
- Help plan your goals.
- Follow through with agreed upon goals and counseling interventions.
- Keep your counselor informed of your progress toward meeting your goals.
- Terminate your counseling relationship before entering into arrangement with another counselor.

By your signature below, you are indicating that you read and understand these informed consent disclosure statements, that any questions you had about these statements were answered to your satisfaction, and that you were furnished a copy of these statements. By my signature, I verify the accuracy of these statements and acknowledge my commitment to conform to its specifications.