

The University Counseling Center

WARNING: If this is an emergency, call 4-911 immediately

EAP Consultation Form

The University of Mississippi Counseling Center – Consultation Form

CONFIDENTIALITY: We have adopted a policy of confidentiality that is in keeping with federal and state laws and the ethical standards of the American Psychological Association, the National Association of Social Workers, and the American Counseling Association. Confidentiality is an ethical standard that protects clients from disclosure of information without their consent. Client contacts with the University Counseling Center are confidential. We will not answer questions about clients from friends, partners, faculty, parents, employers, or anyone else outside the staff without the client's permission. There are exceptions to this general rule:

1. A counselor's duty to warn about serious harm to yourself (suicide).
2. A counselor's duty to warn about serious harm to others (homicide).
3. If a counselor is made aware of current child abuse or neglect, elderly abuse, or otherwise disabled individual abuse, he or she must make a report to the appropriate state agency.
4. If my records are requested by a valid subpoena or court order, the counselor must respond.
5. If I sign a release of information for my counselor to provide confidential information to any other person or entity of my choice.

I was provided a copy of the HIPAA Privacy Statement, and have read and understand it

Emergency Contact Name:

Emergency Contact Relationship to You:

Emergency Contact Phone #:

Emergency Contact Address:

Where you referred to the UCC? Yes No If referred, by whom?

In the past 48 hours, have you had thoughts or intentions of harming yourself? Yes No

In the past 48 hours, have you had thoughts or intentions of harming someone else? Yes No

Have you ever experienced any of the following:

Delusions (Strong beliefs that are not based on reality)

Hallucinations (Seeing/hearing things that are not present)

Extreme and Sudden Outbursts of Energy

Please briefly describe what brings you for counseling:

Please rate your current level of distress: 1 2 3 4 5

Consent to Counseling

I have read the HIPAA Privacy Statement and understand the limits to confidentiality. I understand that the University Counseling Center staff (counselors and supervisors) may discuss the services being provided to me so that my counselor obtains case management and supervision assistance regarding my case.

I understand that my records will be retained in this office for seven (7) years, and I may contact the center any time after treatment regarding my records.

I understand that the University Counseling Center staff reserves the right to make referrals of clients that we perceive will need services beyond the scope of our practice. The referral will be determined by the counselor and administration of the University Counseling Center.

I understand that I will be charged \$30 if I do not attend or cancel at least two (2) hours prior to my counseling appointment. This charge will be payroll deducted. I understand that I may cancel my appointment by phone (662-915-3784) or email (counslg@olemiss.edu).

Additionally, I understand that as part of my paperwork that I may be asked to complete surveys about my experiences at the UCC and that I may be asked to complete this same questionnaire several times over the course of my counseling and a separate survey when my treatment is concluded. I understand that I have the right, on any of these occasions, to choose not to fill out this questionnaire.

By typing my full legal name as my digital signature, I affirm that I have read and understand the above information, including the HIPAA Privacy Statement and Confidentiality. I attest that all information I have entered is correct and accurate, and I agree to take part in counseling services at The University of Mississippi Counseling Center.

By checking this box, I confirm that I am the person whose digital signature is above.

Signature:

First Name:

Middle Name:

*Last Name:

Preferred Name:

*Date of Birth:

(mm/dd/yyyy format)

*Student/Employee ID #:

*Phone Number:

*OK to call/leave message? Yes No

*Email Address:

*OK to email? Yes No

*Local Address:

*OK to Contact at Local Address: Yes No