COUNSELING CENTER (CC)  
BENTLEY UNIVERSITY

The information below will explain some of the policies and procedures that exist within the Counseling Center. These are in keeping with federal and state law as well as the ethical standards of the American Psychological Association. We feel it is important for you to understand and be aware of issues that may affect you directly. Please take time to read this form carefully. Should you have any questions, please discuss them with your clinician.

**SERVICES:** Here at the Counseling Center (CC), we offer both individual and group counseling. Some issues are better addressed with group counseling whereas individual counseling is the best choice for other concerns. Both types of counseling have been shown to have a number of benefits and often lead to a significant reduction in feelings of distress, improved relationships, increased coping skills, and resolutions of specific problems. All of these outcomes require a very active effort on your part. In order to be most successful, you must be willing to discuss difficult topics, speak openly and honestly, and work on issues between appointments. Counseling also has some potential risks. Specifically, you may experience uncomfortable feelings such as sadness, guilt, anxiety, anger and frustration, loneliness, and helplessness as counseling often requires you to discuss unpleasant aspects of your life. While in most cases counseling is very beneficial, there are no guarantees about the outcome of your counseling experience.

**CONFIDENTIALITY:** The information that you share with your clinician, whether written or verbal, is strictly confidential and will not be shared with anyone outside the Counseling Center except under the very specific circumstances detailed below. Parents, faculty, or staff outside the Counseling Center have no right to any information about your counseling appointments, including that you are being seen here at all. Should you wish your clinician to speak with someone outside the Counseling Center, we would do so only when 1) you have signed a Release of Information Form, and 2) you have discussed the nature and purpose of the requested contact with your clinician.

There are three (3) circumstances in which a clinician is legally and ethically bound to break confidentiality and take responsible action. First, when there is imminent danger or potential for serious harm to yourself or others; second, when there is reason to believe that there is ongoing abuse of a child, elder, or disabled person; and third, under a court ordered subpoena of the clinician or his/her records.

Additionally, if you are being treated at the Center for Health and Wellness for a medical condition that is related to your work in counseling, counseling staff and CHW staff may consult with each other to insure adequate and appropriate treatment. Likewise, Disability Services is included within the Counseling Center and if you are being seen in CC for counseling services and academic accommodations, your clinician and Disability Services staff may consult with each other about relevant clinical issues.

Finally, the Counseling Center maintains an electronic record of your treatment which is stored on a secure system separate from the University system and does not become a part of your academic record. The electronic record is destroyed after 7 years. Additionally, statistics on all clients of the center are aggregated with no identifying information and used for periodic reports without any confidential or identifying information included.

**INITIAL VISIT:** Before your first appointment, you will be asked to read this information sheet and complete a general information form and a web-based questionnaire. You should take every opportunity to ask your clinician any questions you might have and to gather information that will help you decide if your clinician is a person with whom you can work. Your clinician will also ask a lot of questions during your initial appointment – more in this appointment than in the ones to follow. It is possible that the clinician may decide to refer you to another staff member in the Counseling Center, to one of our counseling groups, or to a person outside Bentley University who may be better able to meet your needs.

**BEHAVIORAL HEALTH MONITOR QUESTIONNAIRE:** The Counseling Center is using the Behavioral Health Monitor (BHM-20) as a way to assess your well-being, symptoms and life functioning. This web-based 20-item questionnaire will take about 2 minutes to complete and will help you and your clinician determine your goals and evaluate your progress in counseling. Your responses on the questionnaire will be kept confidential just as all CC records. The front desk staff will provide you with a number to use instead of your name when taking the BHM. The BHM-20 is conforms to all legal, ethical, security, and confidentiality regulations.

(OVER)
Celesthealth, the creators of BHM-20, asks for your permission to combine your responses with other college students across the country for research purposes. As no identifying information is provided and your responses are aggregated with others, your confidentiality is maintained. The Counseling Center will also use the aggregated data in statistics included on periodic reports as described earlier.

If you have additional questions about the BHM-20 after reading the instructions provided by the front desk staff, please talk with your clinician. Your completion of the BHM-20 is completely voluntary and will not affect our service to you. However, we do think the assessment will help you and your clinician better understand your needs. If individual counseling is determined to be the best option, you will be asked to complete the BHM-20 on your first session and at regular intervals thereafter. You can decide to alter your participation in the BHM at any point in your treatment here.

**ON-GOING VISITS:** The Counseling Center offers both group and short-term individual counseling to enrolled Bentley University students. If you are in a group, the goals and structure of the group will be discussed initially with the group leader and then again with all group members present. If you are in individual counseling, you and your clinician will determine counseling goals and appointment frequency to suit your needs. If you decide to end counseling or if you would like to see a different clinician, we ask that you discuss this with your current clinician. It is always up to you whether or not you wish to continue in counseling. If your clinician determines your needs would be better met outside the Counseling Center, he or she will discuss this with you and will assist you in finding a community-based clinician. Likewise, should your clinician determine that your needs would be better met through group counseling, he or she will assist you in joining a group.

**CANCELLATION/NO-SHOW POLICY:** It is very important that you keep your scheduled appointments. If you are unable to attend your appointment, please call to notify us of your cancellation as soon as possible (ideally 24 hours in advance). If you no-show (miss your appointment without notice) to three (3) counseling appointments, your next appointment will be scheduled contingent upon clinician availability. Likewise, no-shows for appointments with our staff psychiatrist may result in an inability to schedule future appointments.

**SUPERVISION/CONSULTATION:** All staff members – including psychologists, psychiatrists, and advanced graduate staff – receive supervision and/or consultation from senior staff psychologists to insure that your treatment progresses as effectively and efficiently as possible. You have the right to know the name of your clinician’s supervisor if you desire. Likewise your clinician may ask to tape record appointments. This is all in the service of consultation and supervision and all information is regarded as confidential, is kept strictly within CC, and session recordings are destroyed on a weekly basis. In the case of taping, your written consent on an additional form is required to show agreement.

*I give permission for my responses on the BHM-20 to be aggregated with those of other clients and used for internal reports and research purposes as described above. I also understand that counseling services are not contingent on my completion of the BHM-20.

YES_________  NO_________

*If my referral source contacts CC, I give my permission for CC to acknowledge that I attended my initial appointment. I understand that no further information will be released.

YES_________  NO_________

* I give my permission for staff to use e-mail to contact me regarding appointments at CC and understand that e-mail is not a secure medium.

YES_________  NO_________

My signature below affirms that I have read and understand the above information.

Signature: ____________________________  Date: ____________________________

Print Name: __________________________  Date: ____________________________

Bentley ID#: _________________________  Cell Phone: __________________________