

California Lutheran University Community Counseling Services (CCS)

INFORMED CONSENT

Welcome to Community Counseling Services (CCS) at California Lutheran University. This form contains important information about the services and policies of the Community Counseling Center. Any questions or concerns should be discussed with your clinician prior to signing it.

This center provides counseling services that are provided by trainees and Registered Associate Marriage and Family Therapists who have either completed or are completing a Master's degree in Counseling Psychology with an emphasis in Marriage and Family Therapy, or completing a Doctoral degree in Clinical Psychology. The clinicians work under the close supervision of licensed mental health professionals (Marriage and Family clinicians, Clinical Psychologists or Clinical Social Workers). The trainees and Registered Associate Marriage and Family Therapists are at the Center for 8 to 12 months of training. If your clinician's training period ends before your treatment at CCS is complete, we will make every effort to provide a smooth transition to a new clinician. CCS policy does not permit trainees or Registered Associate Marriage and Family Therapists to take clients with them to a new setting when they leave the clinics.

Confidentiality: CCS maintains confidentiality in accordance with the ethical guidelines and legal requirements of our profession and information will only be released to a third party with written authorization that is signed by the client/all clients in treatment. Any disclosures will be made in accordance with the ethical guidelines and legal requirements with exceptions to confidentiality being the following:

- 1. Under section 11161.5 of the California Penal Code, your clinician is required to report any suspected child abuse or neglect, either current or past, to Child Protective Services.
- 2. Under section 15630 of the California Penal Code, your clinician is required to report any suspected elder or dependent adult abuse or neglect to Adult Protective Services.
- 3. If you indicate that you intend to physically harm another person, your clinician is legally required to notify the police and the intended victim.
- 4. If you indicate that you truly intend to harm yourself, your clinician will make every attempt to ensure your safety and may need to notify others, as needed (e.g., family member, other mental health professionals).

Sharing of Information: CCS is a training clinic thus, all clinicians share session information with their supervisors. As we utilize a team approach, clinicians may share information with one another or other licensed supervisors at the clinic in order to consult on treatment and participate in case conference/practicum class and group supervision. All other sharing of confidential information is subject to the limits of confidentiality as listed above.

Recommendations: After the initial interview, your clinician may consult with their team. The team may recommend further evaluation, individual sessions, couples counseling, group sessions, family therapy, or referral outside of the center depending on what is appropriate for you.

Risks and Benefits: Psychological services are a joint effort between the client and the clinician in which a wide range of issues can be discussed. Progress and success may vary depending upon the particular problems or issues being addressed.

Client Grievances: If you have questions or complaints about any aspect of your treatment, please discuss your concerns with your clinician. If the issue is not resolved, please contact the Director at CCS at (805) 493-3797. Clients have the right to end their treatment at any time.

I understand the above-mentioned information and authorize CCS to evaluate, treat, and/or refer me to others as needed.

| Signature of Client/Parent/Guardian #1 | Date | Printed Name of Client/Parent/Guardian |
|--|----------|--|
| Signature of Client/Parent/Guardian #2 | Date | Printed Name of Client/Parent/Guardian |
| Signature of Witness/Clinician | Date | Printed Name of Witness/Clinician |