

DISCLOSURE STATEMENT 2010/2011

**Corban University
5000 Deer Park Drive SE
Salem OR 97317
503.375.7010**

Welcome to Counseling: We want your experiences here to be positive and growth promoting. We have designed this disclosure statement to inform you about us and about your rights as a client. We ask you to sign the form to verify that you have received this information. Please take your time, read this carefully, and ask your counselor if you have any questions.

Mental Health Counseling: We aim to provide consultation, evaluation, and counseling services for students dealing with issues impacting their well being. Our focus involves counseling within a brief intervention framework to maximize your time with your counselor and to enhance your therapy experience. Community referrals may be made for clients needing or requesting long-term therapy. We do not provide counseling services during the summer. We work with students in exploring new approaches to the issues they are dealing with. This is done within the framework of a biblical/Christian world view and may include problem solving techniques, healthy decision making, and cognitive and behavioral strategies for coping and managing thoughts, feelings, and behaviors.

Qualifications and Training: Stephanie Husk holds a Bachelor's degree in Psychology from Crown College and a Master's degree in Clinical Social Work from Portland State University. She is a Licensed Clinical Social Worker in the state of Oregon. She has eighteen years of counseling experience, working with children, adolescents, adults and families. In addition to her work in private practice, Stephanie has worked within the Juvenile Department, outpatient mental health agencies, residential settings, the Veteran Outreach Center and educational institutions.

Stephanie combines a biblical/Christian approach with professional models of mental health counseling. She works to meet the counseling needs of clients by implementing the strategies and techniques that are best suited for each individual. Stephanie views her training as a tool through which the Holy Spirit can work to bring healing and wholeness to students.

You may see an intern when you visit the Counseling Center. All of our interns have a Bachelor's degree and at least one year of graduate school in a counseling field. All interns are Christians and are closely supervised by Christians who adhere to a biblical world view. For more information about a specific intern, please ask Stephanie Husk or Nancy Hedberg in the student life office.

Counseling Services and Fees: Students at Corban University may receive counseling at no cost. There may be times when a book or workbook is suggested by the counselor. The expense for these extra materials is the responsibility of the client.

Individual sessions are scheduled for up to 50 minutes at a frequency to be determined by the student and his or her counselor. Students and their partners may be seen together for couple's counseling even if the partner is not a student. Support groups generally begin and end each semester and meet once a week. Referrals to the community are made in cases where students prefer to be seen off-campus, where the type of problem is not within the professional capacity or expertise of the Counseling Center staff, or when long-term therapy is indicated.

As personal information is shared and the counselor responds empathically, sessions may seem emotionally intimate. Client and counselor understand that the relationship will remain professional, it will not become personal. Contact will be limited to the sessions in the office, focusing on client concerns. The client and counselor will not engage in physical contact, socialize, give gifts to each other, nor establish any relationship other than the professional counseling relationship.

Cancellation Policy: We ask that students cancel appointments at least 24 hours in advance. This allows us to serve other students who may be waiting for an opening in the counselors' schedule. You will be charged a fee for missed appointments without a cancellation notice.

Crisis Policy: The Counseling Center and the Health Center are available for crisis situations Monday through Friday, 8am to 5pm. If you are experiencing a crisis after hours, please contact your RA or RD. If you are unable to contact them or if you live off campus, you can call the following numbers:

Northwest Services 24 hour crisis hotline: 503.581.5535

Salem Hospital Psychiatric Crisis Center: 503.585.4949

Ambulance: 911

Client Rights: Counseling is a voluntary act, and you have the right to choose counselors who best suit your needs. We will do our best to accommodate your needs or to give you an appropriate referral. You have the right to be treated ethically by your counselor. If you have any questions concerning your rights and/or ethical treatment, or if you wish to file a complaint, please contact one of the following:

- 1) Your current mental health counselor
- 2) Nancy Hedberg, Vice President of Student Life
- 3) The Oregon State Department of Health

Voluntary Participation: The decision to participate in counseling belongs to the client. There are no guaranteed outcomes or definite benefits. Some clients need only a few counseling sessions to achieve their goals, while others may require more. You may end the counseling relationship at any point. However, it is understood that prematurely ending the relationship may result in the return or worsening of symptoms. The length of treatment will be limited to between 6 and 8 sessions. Furthermore, it is understood that treatment will not continue through Summer or Winter breaks. It is only available during fall and spring semesters.

Client and counselor communication is seen as part of the clinical record. This record can be acquired upon written request. Records are kept for a period of seven years from date of termination. Records for minors will be retained for a period of seven years after their 18th birthday or seven years from the date of termination, whichever is later.

Corban Counseling Confidentiality Policy: We observe confidentiality as required by RCW 18.19.180. In a further effort to protect your privacy, counselors will be careful to not identify you when you are in the general campus community. There may be times, for example, when you see your counselor in chapel, class or the cafeteria. It will be left up to the student whether or not to engage in conversation in those public settings.

We do consult about client cases with other mental health professionals when appropriate. We also exchange information with Health Services when appropriate. However, no information about you is given to parents, partners, roommates, employers, faculty or other Corban staff, unless:

- 1) We have your written permission.
- 2) We believe it is necessary to prevent clear and imminent danger to you or others.
- 3) You indicate that there is reasonable cause to believe that a child or a dependent adult has been abused.
- 4) A court orders us to disclose confidential information about you. If this happens, we will first ask that the court drop their order. If they refuse to drop their order, we will disclose only the minimum amount of information we deem necessary to satisfy the court's order.
- 5) You waive the privilege by bringing charges against us.

If you have any questions about confidentiality, please talk to your counselor.

Signature: I have read and understood this Disclosure Statement and I consent to counseling. If I fail to give a notice of cancellation, I understand that I will be charged a \$10 fee.

Signature: _____ **Date:** _____.

CLIENT INFORMATION FORM

PLEASE PRINT AND COMPLETE ALL ITEMS ON FRONT AND BACK

NAME _____
LAST FIRST MIDDLE MAIDEN/OTHER

DATE _____ AGE _____ BIRTH DATE _____ SEX M () F ()

ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT PHONE _____

EMPLOYER _____ LENGTH OF TIME AT JOB _____

EMAIL ADDRESS _____ @ _____ MAJOR _____.

MARITAL STATUS SINGLE () LIVING TOGETHER ()

MARRIED () DATE _____ DIVORCED () DATE _____

SEPARATED () DATE _____ WIDOWED () DATE _____

SPOUSE/PARTNER'S NAME _____ AGE _____

NAMES AND AGES OF DEPENDENTS/CHILDREN _____

IN CASE OF EMERGENCY CONTACT:

NAME _____ PHONE () _____

RELATIONSHIP TO YOU? _____

WHO REFERRED YOU TO COUNSELING? _____

MAY WE CONTACT THIS PERSON TO THANK THEM? _____.

DID YOU TAKE AN ONLINE SCREENING? _____. WHAT WAS THE RESULT? _____.

CURRENT REASONS FOR SEEKING PSYCHOLOGICAL SERVICES. (CHECK ALL THAT APPLY).

<input type="checkbox"/> DEPRESSION	<input type="checkbox"/> ANXIETY/PANIC	<input type="checkbox"/> STRESS
<input type="checkbox"/> SUICIDAL THOUGHTS	<input type="checkbox"/> MARITAL PROBLEMS	<input type="checkbox"/> FAMILY PROBLEMS
<input type="checkbox"/> EATING DISORDER	<input type="checkbox"/> ADDICTION	<input type="checkbox"/> PHOBIAS/FEARS
<input type="checkbox"/> SEXUAL ISSUES	<input type="checkbox"/> CAREER/WORK ISSUES	<input type="checkbox"/> SLEEP PROBLEMS
<input type="checkbox"/> ABUSE	<input type="checkbox"/> LEGAL PROBLEMS	<input type="checkbox"/> RELATIONSHIP ISSUES
<input type="checkbox"/> FINANCES	<input type="checkbox"/> GRIEF	<input type="checkbox"/> SPIRITUAL CONCERNS
<input type="checkbox"/> ACADEMIC CONCERNS	<input type="checkbox"/> HARASSMENT	<input type="checkbox"/> INSECURITY
		<input type="checkbox"/> SELF INJURY

☐ HEALTH PROBLEMS (PLEASE DESCRIBE) _____

☐ OTHER _____

WHEN DID YOU FIRST NOTICE THESE PROBLEM? _____

WHAT DO YOU THINK CAUSED THESE DIFFICULTIES? _____

1	2	3	4	5	6	7
MILD			MODERATE			SEVERE

May we have your permission to consult with your prescriber? * YES * No
