

Tufts University Counseling and Mental Health Service  
*Client's Informed Consent Statement and Confidentiality Policy*

### **I. What to Expect From Counseling**

Counseling is an individually tailored process which is designed to assist you in dealing with your concerns, coming to a greater understanding of yourself, and using effective means of coping which utilize personal and interpersonal resources. The counseling relationship usually involves sharing personal information with your counselor which may at times be sensitive, very private, or even distressing. Therefore it is not uncommon during the course of counseling to feel somewhat more anxious or upset for a time. If you should feel this way, it is important to share this information with your counselor. While the outcome of counseling is most often positive, the degree to which any particular individual will reach their goals or achieve their desired level of satisfaction is not predictable.

At your Intake appointment, you and your counselor will review the concerns you came in to discuss, and will consider these in light of your personal history and life experiences. You and your counselor will clarify, in the first or second session, the goals of your counseling, and the options available to you, and create a plan for achieving your goals. Your counselor may suggest brief individual counseling at CMHS, referral to a provider in the community, referral to a group, and/or utilization of other on or off-campus resources. If you have any questions, please ask. It is important that you feel comfortable about what you do with us here.

Although we will make treatment recommendations, and we will try to be as clear as possible in explaining our recommendations, we want to emphasize that, unless it is an emergency, the decision about whether or not to proceed is yours.

Please feel welcome to give us feedback on your experience here. We want it to be as helpful and positive as possible.

### **II. Confidentiality Policy**

Your privacy is important to us, and we believe that counseling is most effective when students feel comfortable speaking openly with their counselor. We hope this information will clarify our privacy policies.

In the usual course of events, you have the right to keep your counseling here completely private. This means that, without your written permission, no information about your contact with CMHS is available to anyone outside of Health and Wellness, including university personnel, parents, family members, friends, or outside agencies. We do use an electronic medical record, which is integrated with your Health Service record. However, although your counselor has access to your medical information, notes written by your counselor cannot be viewed by medical staff. Please ask us if you have any questions about this, as we want to be sure you are comfortable with our practices.

There are certain *exception to confidentiality, noted below, with which you should be aware before you enter into a counseling relationship.* Please read carefully through these exceptions, and be sure to ask your counselor if you have any questions.

#### **Exceptions to Confidentiality**

- If appropriate, your counselor may consult with your treating physician or other healthcare provider at the Tufts University Health Service to coordinate your care;

- If you pose a threat of harm to yourself, to another person, or to the University community, we will take whatever steps are required by law, or permitted by law, to help prevent the potential harm from happening. This may include contacting your family and/or Tufts University officials;
- In the event of a psychiatric hospitalization;
- If you report information indicating that a child, disabled, or elderly person is suffering abuse or neglect;
- A court order, issued by a judge, could require us to release information contained in your records, or could require a therapist to testify;
- If you have been mandated by a Tufts University administrator for an evaluation.

### III. Consent statement

**I have read and discussed the above information with my counselor. I have been given the opportunity to ask questions and discuss any concerns about these matters. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and what is expected of me as a client of the Tufts University Counseling and Mental Health Service.**

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

