

**Peggy H. Smith Counseling Clinic**  
**Supervised program of Counseling and Psychological Services Center**

**Counseling Information and Consent Form**

This form provides information about the Peggy H. Smith Counseling Clinic and sets conditions for receiving counseling in the Peggy H. Smith Counseling Clinic. Please read this sheet carefully and discuss any questions with the counselor before signing it.

The Peggy H. Smith Clinic is a training clinic supervised by the Counseling and Psychological Services Center. A copy of this signed Consent for Counseling Form and all clinical progress notes will be kept in the Counseling and Psychological Services Center to facilitate any necessary coordination of services.

**Clinic Information**

The Counseling Clinic is a graduate training clinic sponsored by the Department of Counseling & Counseling and Psychological Services. Second year graduate students from the Department of Counseling all of who have previous counseling experience staff the Counseling Clinic. The Counseling Clinic is a free service offered to SFSU students and is open during the fall and spring semesters of the academic year. Counselors are not available when school is not in session and the clinic is closed in the evenings and over the weekends as well as during the winter and summer breaks and school holidays.

**Confidentiality**

**All information disclosed within sessions including the fact that you are in counseling is confidential and may not be discussed with anyone outside the Counseling Clinic Staff and Counseling and Psychological Services without your written permission except in the following situations where disclosure is required by law:**

- 1. When there is reasonable suspicion of abuse to children or elderly persons.**
- 2. When the client presents a serious danger of violence to another.**
- 3. When the client is likely to harm himself or herself unless protective measures are taken.**
- 4. If the clinic is directed to turn over records by a court ordered subpoena.**

**Client initials** \_\_\_\_\_

**Counselor Supervision**

Each counselor in the Clinic receives weekly individual and group supervision from licensed professionals from Counseling and Psychological Services in Student Services Building 205. As a training facility for master level students it is necessary for all counseling sessions to be audio recorded. Audio recordings are used only for supervision purposes and are reviewed in order to assist your counselor in the development of their counseling skills. Your counselor and their supervisor from Counseling and Psychological Services review the audio recordings. Additionally, your counselor's designated instructor of clinical training within the Department of Counseling may review an audio recording during the course of the semester. After recordings are reviewed in supervision they are erased.

**Intake process**

After the initial sessions with a counselor, she or he will meet with their supervisor to determine if the clinic is the appropriate agency to meet your counseling needs. This decision will be based on the issues you are presenting and the limitations of the clinic structure. If this is not the appropriate agency you will be given referrals to resources more appropriate to your therapeutic needs and goals. If you have previously seen a counselor at the Counseling & Psychological Services it is the clinic policy that the clinic counselor speak with your previous counselor or review their clinical notes so that the clinic counselor is aware of the previous counseling you have received from our joint services. During the first or second intake interview with a counselor he or she will ask you to fill out some brief assessment inventories.

**Cancellations**

For counseling to be effective it is important to attend sessions regularly. Please discuss with your counselor the best way to handle missed appointments at the start of your counseling with them. Clients are asked to give at least 24 hours notice if they are not able to keep any appointment due to illness or other circumstances. The Peggy H. Smith clinic does not communicate via text or email you must call the clinic number to cancel or reschedule appointments.

**Length of Services**

Counselors begin their placement in the Counseling Clinic at the start of the academic year in August and stay until the final week of classes in May. Termination of counseling may occur at any time that you and your counselor mutually agree or when you individually decide to end your counseling. For some students termination of counseling may occur at the end of the spring semester as a result of the counselor ending his/her placement in the clinic. If appropriate at the conclusion of counseling in the clinic your counselor will offer you the option of referrals to counseling services in your community.

In some circumstances students may wish to contact the counselor they have seen in the clinic at the counselor's next practice or work setting. After the end of the spring semester when a student has completed counseling in the clinic they may call the Clinic Director for information about the availability at an off campus counseling setting of the counselor they have seen in the Peggy H. Smith Clinic.

**Emergency contact**

**By signing the consent for counseling form you also give the Counseling Clinic permission to communicate with the Emergency Contact that you have designated in case of medical emergency or if we believe that you are at risk. Please consult with your counselor if you have any questions about confidentiality.**

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Client Name:** \_\_\_\_\_  
Last First Middle Initial

**I have read and understand all of the above information on this sheet and I agree to begin counseling in the Peggy H. Smith Counseling Clinic.**

**I give my permission for the counselor to audiotape each session for training and supervision purposes with their supervisors in the Counseling and Psychological Services Center and the instructor of clinical training within the Department of Counseling.**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature & Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_