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Informed Consent for Behavioral Health Services

Michele R. Sigler, M. Ed.

By seeking treatment at the Counseling Center, you are agreeing to the treatment agreement, confidentiality and privacy policies. The following is information specific to behavioral health services.

Credentials, Supervision, Training and Affiliations:

1. I have a B.A. in Counseling and Rehabilitation from Marshall University and a Master of Education from Lindsey Wilson School of Professional Counseling specializing in Mental Health. I am currently a Provisionally Licensed Counselor.
2. If you need anything during the time in which you are seeing me my current supervisor is Candace Layne EdD, LPC, ALPS, NCC. She can be reached at 304-544-2417.

Counseling Relationship:

The Provisionally Licensed Counselor and client will work together to both identify goals for counseling and to move towards meeting these goals. The counseling session may include an exploration of thoughts, feelings, personal history, communication styles, attitudes and beliefs about self and other, and personal development needs. The Provisionally Licensed Counselor will receive supervision from a licensed and credentialed ALPS supervisor, Dr. Candace Layne EdD, LPC, ALPS, NCC.

Guarantees, Risks, and Participation:

1. Please keep in mind that when first beginning therapy, it is possible for you to feel worse before you begin to feel better. Results may take longer and this is not a quick fix.
2. There can be some risks to change that may be unpleasant (i.e. negative reactions from others to your personal changes, possible increased conflicts as you become more assertive, etc.). There are also potential risks that accompany NOT receiving therapy which may include but are not limited to: continuation of

- the presenting problems, worsening of the presenting problem, and/or needing a higher level of care in the future.
3. Failure to comply and participate in therapy sessions may result in disruption of treatment with me, as I fully believe you can only get better if both of us are doing our part. If this is a concern, we will discuss and proceed from there.
 4. If you come to your session intoxicated or I suspect that you are intoxicated, I reserve the right to not see you that day and reschedule you.

Frequency and Duration of Treatment:

1. The frequency of treatment varies from client to client. The frequency of your appointments with me depends on my availability, your preference, and the severity of your presenting problem (s).
2. The duration of your treatment with me depends on several factors: how often you see me, how much you participate in your treatment, the severity of your problem(s), and other possible extenuating circumstances.
3. Your care will be limited to 10 sessions per semester. These sessions can last up to an hour depending on your symptoms. After this if you need continued care your counselor will refer you elsewhere.

Referrals:

If I do not have the knowledge, competence or skill to help you with your specific problem, I will share my concerns with you and will recommend you see another counselor. If you no longer feel comfortable seeing a Provisionally Licensed Counselor, you can request to see a different counselor.

Counseling Center Check In and Cancellations

1. Checking In: When you arrive, please be sure to check in with the administration specialist, please have a seat in the waiting area until I come to get you. If you are waiting longer than 10 minutes, please check with the administration specialist to assure I have been notified of your arrival.
2. Cancellations and Messages: Please let me know if you are unable to make the appointment by either sending an email or calling the front desk.
3. Appointment Reminders: As a courtesy and with your permission, you will be texted to be reminded of your appointment.
4. Technology: Marshall Counseling Center counselors do not communicate through text message or social media. If you email, I will keep information short due to privacy issues. This form of communication is not a substitute for therapy.
 - a. The Counseling Center and the ACA code of ethics prohibit the interaction of staff and clients on social media such as Facebook, Twitter, etc.
 - b. I do not share any personal contact information such as address or telephone number with any client and will not do so under any circumstances.
5. Documentation: It is required that I document your services after our sessions are completed to help maintain a focus of your treatment. At times, I may begin documentation with you present. Let me know if you have any questions or concerns about this process. Documentation will only be shared if it is court ordered or you sign a release of this information.

6. Telemental health: Due to COVID 19 we will be having telemental health sessions. These services are delivered via technology assisted media between a practitioner and a client who are in two different locations. Clients must physically be within the state of West Virginia to receive counseling services. There are risks, benefits, and consequences associated with telemental health including but not limited to disruption of transmission by technology failures, interruption and or breaches of confidentiality by unauthorized persons, and/or limited availability to respond to emergencies. There be will no recording of the sessions by either person. If you are having suicidal or homicidal thoughts or experiencing psychotic symptoms it may be determined that telemental health services are not appropriate and a higher level of care is required.

Office Hours and Policies:

1. The operating hours for Counseling Center are Monday through Friday from 8a–4p. Extended hours are available for therapy sessions if previously scheduled.
2. Please do not bring children of any age to your sessions, unless we have agreed to this prior to the appointment. If they come with you, they must be old enough to sit in the lobby by themselves during your session or we will have to reschedule your appointment.
3. Clients who are 10 minutes late for either a telehealth or in person session will be rescheduled. If a client is a no call/no show for 3 consecutive appointments, clients will be referred to our walk-in schedules. Once the client has attended 3 walk-in sessions the client may be added back to the clinician’s schedule or be scheduled with an alternative counselor.
4. Please refrain from cell phone use during our sessions unless it is an emergency. Excessive non-emergency calls may be cause to end our session. I leave my cell phone on for emergency purposes and reserve the right to interrupt our session if there is an emergency.
5. ***You cannot reach The Counseling Center after 4:30p Monday through Friday or on the weekends. However, you can leave a message on the voicemail 24/7. If you have a crisis you can contact the crisis pager at (304) 696-HELP 24 hours 7 days a week. If in need of immediate assistance please contact 911.***

Confidentiality

1. If you request a letter to be written on your behalf, it will be necessary to sign a sharing of information regardless of whether it is to be sent or given to you.
2. Your record may be subject to review by the BIT (behavioral intervention team) members. This team is formed by members to make sure that all students are safe during their education at Marshall University. Only necessary information will be shared by the director of the Counseling Center related to homicide, suicide, or sexual assault/abuse. The BIT team is made up of the following members:

Behavioral Intervention Team (BIT) Members

- Lisa Martin, Director, Student Conduct- martil@marshall.edu
- Jim Terry- Chief of the Marshall University Police Department- terry@marshall.edu
- Mistie Bibbee- Director of Housing and Residence Life- bibbeem@marshall.edu

- Sarah Davis-Director, Undergraduate Academic Advising- sarah.davis@marshall.edu
 - Beatrice Banford-Associate Athletic Director- beatricecrane.banford@marshall.edu
 - Cadyn Fraley-Case Manager, Student Conduct- turley82@marshall.edu
3. Marshall University Counseling Center staff work together as a treatment team in order to provide the best possible care for our clients. As such, we reserve the right to staff your case to ensure that you receive quality services and treatment. Your confidentiality is protected during supervision. The information provided would be the minimum required to relay your case to ensure quality care.
 4. In general, any information released from me or this agency re: you or your care requires a signed authorization to release information by you. If someone calls or contacts me on your behalf, I cannot confirm nor deny any information about you or your treatment and reserve the right to withhold information or refuse contact with that person. Also, I cannot copy information from your file or write a letter for you without a signed release, even if it is a release to yourself.
 5. If you see me outside of the Counseling Center office, in order to protect your privacy, I will not acknowledge you unless you acknowledge me first. If you are uncomfortable speaking to me outside of the Counseling Center, you are under no obligation to do so. I cannot conduct therapy in public, on the phone or by email.

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