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Marshall University Counseling Center. 304-696-3111 or 304-696-3682. Sigler3@marshall.edu

**Informed Consent for Mental Health Services**

Michele R. Sigler, M. Ed., NCC, Provisionally Licensed Counselor

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 am a graduate of Marshall University receiving my BA in Counseling and Rehabilitation. I also received my M. Ed. At Lindsey Wilson School of Professional Counseling, specializing in Mental Health. I adhere to the code of ethics for counseling (copies made available upon request). You may view the ACA code of ethics from their website: [www.counseling.org.](http://www.counseling.org) Licensing Supervisor is Morgan Conley, MA, LPC, ALPS, [mong1@marshall.edu](mailto:mong1@marshall.edu), 304-696-7181.
2. My current administrative supervisor is Director, Amy Kennedy-Rickman

**Counseling Approaches/Treatment:**

1. From time to time, I may ask you to complete psychological testing, a questionnaire, or other assessments of your symptoms. These are used to determine how severe, frequent, or intense your symptoms are in order to provide direction in your treatment plan. These completed assessment tools will be placed in your file as part of your medical record.
2. I provide treatment primarily based on the need of the client. I tend to utilize Cognitive Behavioral Therapy. I may also use techniques based on other known psychotherapy approaches such as Solution-Focused Counseling, Dialectical Behavior Therapy, Person-Centered Therapy, Interpersonal Psychotherapy, etc. when your issues dictate these methods.
3. During the first session, students’ symptomology and functioning is assessed and they are placed in one of four levels. The services level help to provide a scope and plan of care, and a severity level for counselors. Your level will help your counselor determine the frequency and intensity of treatment based off your current symptoms. All students all provided treatment plan goals and objectives that guide treatment. For more information on levels, please visit our website at https://www.marshall.edu/counseling/

**Parameters of Voluntary/Involuntary Treatment:**

1. Unless you are mandated into treatment, it is understood that treatment is completely voluntary, and you may terminate treatment at any time.
2. If you are being mandated for treatment, you must provide a copy of the court order and sign a release to the appropriate parties (BIT team, student success worker, student conduct, etc.) Your confidentiality rights may be limited depending on the nature of the mandating.

**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. This is quite common, and I encourage you to discuss this with me should you feel this is the case. Unfortunately, there is no guarantee that any therapy will help you with your problems and that therapy is not a “quick fix”. Results may not be immediate. Success in therapy is directly related to the amount of time and effort you put into it and personal change doesn’t generally come quickly or easily.
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 end the session 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 run an average of 45 minutes. After this if you need continued care, your counselor will refer you elsewhere.

**Referrals:**

1. 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 either refer you for complimentary services or to another therapist with appropriate training and/or expertise. Though I appreciate any faith you may have in my skills or abilities, it is unethical for me to treat you outside the scope of my practice. It is understood that you are voluntarily choosing to see me for psychotherapy and may terminate your services with me at any time without any negative consequences (unless mandated).
2. There may be times that I may suggest referrals to other providers for services to address various aspects of your care. This may include but not be limited to psychological testing, medical tests or visits, wellness or preventive care, student advocacy, etc. When necessary, I will have you sign a Release of Information to the person or agency to expedite your care.
3. There are other therapists at the Counseling Center and in the area who may provide therapy with different theories and/or techniques than I currently use. If you do not feel that you are a good fit for your current counselor, please speak to the front desk about seeing another 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 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: Due to my full schedule, I most always have clients that would like to be called if I have openings due to cancellations. Please let me know if you are unable to keep your appointment as soon as you know you cannot come. Please email me, sigler3@marshall.edu, or call the counseling center at (304) 696-3111. I can also be reached on my office phone at (304) 696-3682. Please leave a voicemail if unanswered.
3. No Shows and Tardiness: If you miss an appointment without calling to cancel or fail to give 24-hour notice, this is referred to as a “no-show”. If you “no-show” and have another appointment scheduled, you can be reminded via text message if you wish to be. If you miss three appointments in a row you’ll be asked to come to walk in hours, in order to get back on the schedule. If you are 10 minutes late for your appointment, this will be considered a no show, and you will be asked to reschedule. Please be aware that missing an appointment could result in a 2-3 week waiting period for another open appointment spot.
4. Appointment Reminders: As a courtesy and with your permission, you will be texted to be reminded of your appointment.
5. Technology: Marshall Counseling Center therapists 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.
   1. The Counseling Center and the ACA code of ethics prohibits the interaction of staff and clients on social media such as Facebook, Twitter, etc.
   2. 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.
6. 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. You may request your documentation at any time; however, it can take 24-48 hours for these to be completed.

**Online Scheduling:**

1. If I need to reschedule an appointment, I will send you a link for online scheduling. If you need to reschedule an already scheduled appointment or schedule a new one with me, you can follow the link below and choose the day and time that works best for you. This will automatically update in our system and your counselor will be notified. If you wish to schedule with me specifically, visit: [Marshall University Counseling Center - Questionnaire - Web Component](https://marshallcounseling.titaniumhwc.com/MicheleOS)
2. **Death or Incapacitation**

Should I unexpectedly become incapacitated/die and can no longer provide services to you, you will be reassigned to another therapist if you wish to continue therapy at Counseling Center.

**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. Our sessions will last approximately 45 minutes, depending on the time you arrive. If you have any urgent matters to discuss with me, please bring them up at the beginning of our session so adequate time can be given to them.
3. If you attend your scheduled appointment and are the under the influence of alcohol and/or drugs, your session will be terminated, and you will need to reschedule. If you attend 2 sessions under the influence of alcohol and/or drugs, your session will be terminated, and you will need to schedule 3 walk-in sessions prior to being placed back on my schedule.
4. 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.
5. Please refrain from cell phone use during our sessions unless it is an emergency. Excessive non-emergency calls may be caused 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.
6. **If you are sick, especially if you have a fever, please do not come to your appointment.** If you come to an appointment and I am concerned about your health, I reserve the right to cancel your appointment and reschedule for a time you feel better. If I am sick or unable to come to work on a day you are scheduled to see me, someone from this office will attempt to call you to cancel. Please reschedule at this time.
7. If you are in need of someone from the Counseling Center, there are walk in appointments available Monday through Thursday 1-4. These are on a first come first serve basis. You can schedule these online by visiting: <https://marshallcounseling.titaniumhwc.com/onlinescheduling>
8. ***You cannot reach The Counseling Center after 5pm 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 MUPD on the crisis line at (304) 696-HELP 24 hours 7 days a week. If in need of immediate assistance, please contact 911. The National Suicide Hotline can be reached at (800) 273-8255*

**Confidentiality, Release of Information and Access to Records:**

1. All information that you share with me, or any Counseling Center employee is kept strictly confidential. Whenever you request that we share information about you to others, we will obtain your signed, written consent to do so. Though this is sometimes inconvenient for you, please remember this rule protects you and your privacy. If you ask me, I can release parts of your records on file to any person you specify with your written permission. I will tell you whether or not I think releasing that information to that agency or person may not be in your best interest or harmful to you. You have the right to limit information shared with others and can revoke any release you sign at any time.
   1. **The exceptions to this rule include when we have reason to believe you are at serious risk of harming yourself or someone else, if we hear of any child or adult abuse, neglect or exploitation, or when the information in your file has been court ordered to be released.** I am considered a Mandatory Reporter in the State of WV which means I am legally and ethically required to report any information suggesting child or elder abuse, neglect or exploitation. I am not legally required to tell you of my actions if I release information about you under this circumstance.
2. If you and your spouse/partner are being seen for couples, or it is agreed I will meet with you and your spouse/partner, there are regulations regarding confidentiality and access to records in these circumstances. For me to share information to either/all of you in or outside of sessions, I must have a signed authorization to release information by each of you to the other. If one party requests or subpoenas joint counseling records in the future, a written authorization of all parties will need to be signed, or a court order must be obtained before any information will be released.
3. Your record is maintained and stored electronically but is also available to other staff– as they are considered the custodian of the record and can access your record when or if I am unavailable. To obtain a summary of your records you will be asked to sign a release of information.
4. 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.
5. 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**

* Michelle Barbour Biggs, Student Advocate and Success Specialist- [michelle.barbour@marshall.edu](mailto:michelle.barbour@marshall.edu)
* Lisa Martin- Director of Student Conduct- [martil@marshall.edu](mailto:martil@marshall.edu)
* Mistie Bibbee- Director of Housing and Residence Life- [bibbeem@marshall.edu](mailto:bibbeem@marshall.edu)
* Beatrice Crane Banford- Associate Director of Athletics for Olympic Sports- [craneb@marshall.edu](mailto:craneb@marshall.edu)
* Cadyn Fraley – Case Manager, Student Advocacy & Accountability [turley82@marshall.edu](mailto:turley82@marshall.edu)
* Sarah Davis, Director, Undergraduate Academic Advising [sarah.davis@marshall.edu](mailto:sarah.davis@marshall.edu)
* Mindy Thorton, Director of Campus Based Services [wass1@marshall.edu](mailto:wass1@marshall.edu)
* Derrien Williams, Director of Operations for First Year Residence Halls [williams245@marshall.edu](mailto:williams245@marshall.edu)
* Amy Kennedy-Rickman, Director of Counseling Center, [kennedy8@marshall.edu](mailto:kennedy8@marshall.edu)
* Britt Arthur, Campus Police Officer [arthur10@marshall.edu](mailto:arthur10@marshall.edu)

1. 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.
2. 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.
3. 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 a public, on the phone or by email.

**Client Rights**

You also have other rights that were provided to you upon admission. You

have the right to file a complaint or grievance against me or anyone at our agency if you feel your rights have been violated in any way. If you are concerned with the quality of care that I am providing, please speak with me or my supervisor about your concern so that we may rectify the situation. Please let me know if you have any questions about these rights or the complaint/grievance process. Forms to document your complaint or grievance are available upon request. You may also contact Amy Kennedy-Rickman who is director of the Marshall University Counseling Center. However, if you believe that I have behaved in an unethical manner regarding the delivery of services, you can also contact my licensing board.