



THE UNIVERSITY of
MISSISSIPPI

Counselor Education Clinic for Outreach and Personal Enrichment

Client Information and Consent to Treatment Form

The Counselor Education Clinic for Outreach and Personal Enrichment (COPE) has been established to provide counseling services for children and families and individuals. Your counselor may be a licensed professional counselor or a graduate student counselor who is supervised by a licensed professional counselor.

All matters conducted at COPE are confidential and governed by the laws of HIPAA and the state of Mississippi. ***There are exceptions to confidentiality. If there is evidence of imminent danger or harm to yourself, your child, and/or others, a counselor is legally required to report this information to the appropriate authorities to insure the safety of everyone involved. Any case of suspected child abuse will be immediately reported to the department of human services, (DHS). We also must comply with any subpoenas received by a court of law.*** Any disclosures other than the ones mentioned in this form will require a release of information form signed by the parent or legal guardian.

Children specific information

Play therapy is a method used for counseling children ages 4-12 years old. General counseling is used for children ages 13-18 years old. Play therapy allows the client to express problems in a developmentally appropriate manner, and research supports the effectiveness of play therapy with children experiencing a wide variety of problems. Play therapy sessions are approximately 45 minutes long and are dedicated to the child.

Acknowledgement of Counseling

This is to acknowledge that I am aware that you or your child,

_____ will be receiving counseling services at the Counselor Education Clinic for Outreach and Personal Enrichment. I am aware that I may contact the therapist, at (662) 915-7197 or by email at cope@olemiss.edu should I have any questions.

All sessions will begin with an initial interview. The purpose of this interview is to determine your needs and to appoint a counselor.

Client Information

Name: _____

Sex: M / F / Other Marital Status: Single Married Other

Address: _____

City/State/Zip _____

Phone: _____

SSN: _____

DOB: _____

Employer: _____

Child/Adolescent Information

Child's Name: _____

Sex: M / F / Other _____

City/State/Zip: _____

Phone: _____

SSN: _____

DOB: _____

By signing below I certify that the information provided by me in this document is true and correct. I agree to all the terms within this document and I have received a copy of our Privacy Practices.

HIPAA INFORMATION:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign below and acknowledge receipt of this Notice. You may refuse to sign this acknowledgement if you wish, however refusal to sign this Notice will result in termination of any potential work with this clinic.

Signature of Client or Guardian if under the age of 18

Printed Name/Relationship to Client

Date

Intake Counselor

Assigned Counselor and Date

Alexandria Kerwin, Ph.D., LPC-S, NCC
Assistant Professor
Clinical Director

2301 S. Lamar Blvd.
University, MS 38677-1848
Phone: 662-915-7197
Fax: 662-915-1363
Email: cope@olemiss.edu

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU AND/OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective January 1, 2019

1. PURPOSE: Counselor Education Clinic for Outreach and Personal Enrichment, (COPE), and its professional staff, employees and trainees follow the privacy practices describes in this Notice. COPE keeps your mental health information in records that will be maintained and protected in a confidential manner. Please note that in order to provide you with the best possible care and treatment all professional staff involved in your treatment and employees involved in the health care operations of the agency may have access to your records.

2. WHAT ARE TREATMENT AND

HEALTH CARE OPERATIONS? Your treatment includes sharing information among mental health care providers who are involved in your treatment. For example, if you are seeing both a physician (psychiatrist) and a psychotherapist, they may share information in the process of coordinating your care. Treatment records may be reviewed as part of an on-going process directed toward assuring the quality of Agency operations.

3. HOW WILL COPE USE MY INFORMATION? The record that is maintained by clinicians at COPE will be designated as your mental health record and may include the following: information pertaining to medication prescription and monitoring; counseling session start and stop times; the modalities and frequencies of treatment furnished; results of clinical tests and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date. These notes contain more sensitive and personal information than the progress notes and could include the following: notes recorded in any medium by a mental health provider documenting or analyzing the contents of a conversation during a private, group, joint or family counseling session, and that are separated from the rest of the individual's medical record. Psychotherapy notes are not a part of your designated mental health record and as such will not be released to other entities without special permission and for therapeutic reasons may not be available for release to clients. Tape recordings or other types of electronic recording are not part of your protected mental health record.

Your personal mental health record will be retained by COPE for approximately six years after your last clinical contact with the agency. After that time has elapsed, the record will be shredded or burned or otherwise destroyed in a way that protects your privacy. Until the records are destroyed information revealed by you will be kept confidential except under the following conditions:

A. We reserve the right to seek supervision and consultation from professional colleagues within our agency, which will aid us in our work with you. These colleagues, also, will treat your information as confidential. Information discussed in consultation may include protected mental health information.

B. Information obtained by COPE staff involved in your health care will be recorded in your clinical record and used to determine the course of treatment that should work best for you. Information gathered may be used for creating an assessment, developing a treatment plan, recording your progress in treatment, and assisting in writing your after-care plan.

C. If we believe you pose a life-threatening risk to yourself or others, we may need to notify responsible individuals for your protection or the protection of others.

D. Cases of suspected abuse or neglect of children or adults not otherwise able to protect themselves may be reported in compliance with state law.

E. If records are court ordered to be released.

F. If otherwise required by state or federal law. Due to the confidential nature of our services, client records are handled with great sensitivity. All staff members are trained in understanding and respecting client confidentiality. Staff handle records only when necessary. Client files are securely stored.

COPE compiles statistical data (e.g. demographic information, presenting concerns) to measure effective treatment and improve services. Names or other information that would identify specific clients is never a part of that statistical data.

4. YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES.

Except as described previously, we will not use or disclose information from your record unless you authorize (permit) in writing for COPE to do so. You may revoke your permission, which will be effective only after the date of your written revocation.

5. YOU HAVE RIGHTS REGARDING YOUR HEALTH INFORMATION. You have the following rights regarding your health information, provided that you make a written request to invoke the right on the form provided by COPE.

➤ Right to request restriction. You may request limitations on your mental health information we may disclose, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

➤ Right to confidential communications. You may request communications in a certain way or at a certain location.

➤ Right to inspect and copy. You have the right to inspect and copy your mental health information regarding decisions about your care; however, we reserve the right to withhold release of psychotherapy notes in some circumstances. We may charge a fee for copying, mailing and supplies. Under limited circumstances, your request for a copy of your records may be denied; you may request review of the denial by another licensed mental health professional chosen by COPE. COPE will comply with the outcome of the review.

➤ Right to request clarification of record. If you believe that the information we have about you is incorrect or incomplete you may ask to add clarifying information. You may ask for a form for that purpose and the form will require certain specific information. COPE is not required to accept the information that you propose.

➤ Right to a copy this notice. You may request a copy of this notice at any time, even if you have been provided with a copy previously.

6. REQUIREMENTS REGARDING THIS NOTICE: COPE may change its policies or procedures in regards to privacy practices. If and when changes occur, the changes will be effective for mental health information we have about you as well as any information we receive in the future. Any time you come into COPE for an appointment, you may ask for and receive a copy of the Privacy Notice that is in effect at the time.

7. COMPLAINTS: If you believe your privacy have been violated, you may file a complaint with the American Counseling Association Ethics Board. You will not be penalized or retaliated against in any way for making a complaint.

If you have any concerns about your privacy, wish to request any restrictions on uses or disclosures of your mental health information, or wish to obtain any of the forms mentioned previously in this document speak with your counselor or the clinic director.

**COPE Counselor Education Clinic
2301 S. Lamar Blvd.
South Oxford Center
Office: (662) 915-7197
Fax: (662) 915-1363**



COUNSELOR EDUCATION CLINIC FOR OUTREACH AND PERSONAL ENRICHMENT Informed Consent and Disclosure Statement

Welcome to the Counselor Education Clinic for Outreach and Personal Enrichment.

We are pleased to have you as a client at COPE. Our goal is to provide you with the best services possible. In order to do this, we seek to work with you as a team to ensure your successful treatment.

As we are a training clinic, regular attendance to your counseling sessions not only provides you with consistent treatment, but also offers our clinicians the opportunities to sharpen their skills. Therefore, we ask the following:

- Please show up for your appointments on time; if you are going to be late, please call the clinic to let your clinician know.
- If you need to cancel or reschedule your appointment, please contact us at least 24 hours in advance.
- If you miss two (2) consecutive sessions, you will be notified via mail and asked to respond within two weeks of the date listed. If you do not respond within the allotted time, you will no longer be able to keep your regular appointment time and future sessions will be terminated. In the unfortunate event that you contact us after this allotted time seeking services, you may be placed on a waitlist or referred to another agency.
- If at any time you are concerned with your quality of treatment, please contact Dr. Alex Kerwin, at 662-915-7197 or cope@olemiss.edu.

Your counselor is an advanced graduate student in either a Master's Degree Program or a Doctoral Degree Program in the Counselor Education Department at The University of Mississippi. Your counselor works under the supervision of a counseling faculty member who is a Licensed Professional Counselor in the State of Mississippi. Due to COPE being a training clinic, you may be referred to another agency in the event that your needs may be best met by a more trained clinician. This will be at the discretion of the counselor's supervisor and Clinic Director.

Counseling sessions in the Clinic are video recorded, and may be observed. This is done for the purpose of providing your counselor with feedback to enhance the services you receive. All tape recordings are destroyed at the end of the semester. Feel free to ask your counselor any questions that you may have about these procedures.

SERVICES NOT PROVIDED BY COPE:

- Emergency Services
- Formal Assessments or Psychological Testing
- Third Party Payment Reimbursements
- Custody Agreement Mediation
- Forensic Investigating
- Medication Management

THE COUNSELING RELATIONSHIP

Counseling involves the sharing of personal problems, concerns, and stories with a professional who is skilled at helping the client or clients come to a resolution or solution about the particular situation. Counseling is a relatively short-term, interpersonal, theory based professional activity guided by ethical and legal standards that focuses on helping persons resolve developmental issues, situational problems, and more complex personal diagnoses.

The general goals for the client are that he or she can identify the issues, develop a plan of action, and then implement that plan. This is a very personal process. It is educational and developmental by nature.

CHILDREN SPECIFIC INFORMATION

Play therapy is a method used for counseling children ages 4-12 years old. General counseling is used for children ages 13-18 years old. Play therapy allows the client to express problems in a developmentally appropriate manner, and research supports the effectiveness of play therapy with children experiencing a

wide variety of problems. Play therapy sessions are approximately 40-45 minutes long and are dedicated to the child.

Parent consultations should occur regularly through the play therapy process. However, discussions between the parent/guardian and the child's counselor will be reserved for a separate time from the play therapy sessions. This is to maintain the quality of the relationship between the child and the counselor. Parent consultations will occur optimally in person. However, exceptions will be made to occur over the phone in the event of scheduling conflicts. If you have any concerns related to your child, please contact your counselor by emailing cope@olemiss.edu with "ATTN. Counselor Name" in the subject title and s/he will contact you.

CODE OF CONDUCT

The Department of Counselor Education requires our counselors to adhere to a specific Code of Ethical Conduct that is determined by the American Counseling Association. Should you have a questions or concern about your counselor's conduct, please feel free to contact the Counseling Clinic Director, Dr. Alex Kerwin, Ph.D., LPC-S, NCC at 662-915-7197.

The State of Mississippi requires counselors to adhere to a specific Code of Conduct that is determined by the Board of Counseling. Should you wish to file a complaint, you may do so through:

Mississippi State Board of Examiners
for Licensed Professional Counselors
239 North Lamar Street
Jackson, MS 39201
<https://www.lpc.ms.gov/secure/complaintmain.asp>
Office: 601-359-1010

CONFIDENTIALITY

We place a high value on the confidentiality of information that you share with your counselor. Your right to privacy is governed by legal and ethical guidelines. Generally, the information you share with your counselor is not shared with anyone else without your expressed written permission. Confidentiality may be broken when you are a threat to yourself (suicide) or another (assault/murder) or when your counselor is made aware of child or elder abuse. In all cases the counselor will discuss his or her concerns with the supervisor or the Counseling Clinic Director. Your counselor can discuss these instances in detail at your request or you may contact the Counseling Clinic Director.

At times a court of law may order disclosure of confidential information. In such a case your counselor would either request your permission or request that the court not require the information as it would damage the counselor/client relationship and impede your healing. If required, only minimal information is disclosed.

Other instances where your counselor would need to share information with others will be discussed with you in session (e.g., insurance forms, school conferences, etc.). Do not hesitate to ask your counselor questions about confidentiality at any time throughout the counseling process.

LENGTH, FREQUENCY, & RISKS

Usually, counselors work at COPE for one semester (approximately 15 weeks). You and your counselor will decide how long your counseling will last and how often you will come for sessions. For most clients, sessions last about fifty minutes and are scheduled once a week. However, depending upon the nature of your concerns, you may be seen less frequently. Your counselor will work with you to arrange for your continuation with another counselor at COPE or for an outside referral if you do not feel that your concerns are resolved at the end of the semester.

As a result of counseling you may realize that there are additional issues that did not surface prior to the onset of counseling. This is an inherent risk in any counseling relationship. Also, couples, marriage, and family counseling may involve certain risks. As one person changes in any relationship, stresses and

strains are created. This is a part of the counseling process and is dealt with within the counseling relationship.

CLIENT RESPONSIBILITIES

In order for your work here to be productive, it is important that you attend counseling sessions and make an effort to work on the issues being addressed. If for some reason you cannot attend a scheduled session, please call in advance and leave a message with the front desk. You may be able to reschedule at that time; otherwise, your counselor will contact you to reschedule.

CONTACTING YOUR COUNSELOR

Because your counselor does not work here full-time, there will be many times when he/she is not available by telephone. If you need to contact your counselor, leave a message with the clinic staff at (662) 915-7197 and (s)he will give the message to your counselor. If your call is an emergency, contact one of the following:

Local Emergency Services: 911

National Suicide Prevention Lifeline: 1-800-273-8255

We do not provide emergency services.

Thank you for taking the time to read this. If you have any concerns or questions now, or at any point during your counseling, feel free to let your counselor know. You will receive a copy of this and have a chance to ask questions. You should keep your copy and refer to it throughout your counseling. Please sign below to indicate that you have read this and have had a chance to ask questions.

I have read this document, understand the information contained in it, and agree to participate in counseling under the conditions described.

Client/Legal Guardian Signature	Date	Client/Legal Guardian Signature	Date
Counselor-in-Training	Date	Minor client name (if necessary)	



Counselor Education Clinic for Outreach and Personal Enrichment

Consent for Videotaping Purposes

The Counselor Education Clinic for Outreach and Personal Enrichment (COPE) has been established to provide for children and their families. Our therapists have been trained to work with children and adults. An initial intake will be conducted, at which time a therapist will be assigned.

All matters conducted at COPE are confidential and governed by the laws of HIPAA and the state of Mississippi. There are exceptions to confidentiality. If there is evidence of imminent danger of harm to yourself, your child, and/or others, a counselor is legally required to report this information to the appropriate authorities to insure the safety of everyone involved. Any case of suspected child abuse will be immediately reported to the department of human services, (DHS). We also must comply with any subpoenas received by a court of law. Any disclosures other than the ones mentioned in this form will require a consent form signed by the parent or legal guardian.

COPE's goals are to provide services to children, families, and individuals. As a participant in these services offered by COPE, we would like to request your permission to videotape you or your child's sessions.

Videotapes of counseling sessions have value as additional psychotherapy notes for the therapist. In the case where your child makes a disclosure of abuse, the video tape will be maintained for supporting your child's disclosure for legal purposes. Confidentiality will be maintained and only first names will be disclosed on the tape. Any professional who sees a videotape will be reminded of rules of confidentiality that prohibit discussion of the videotape.

By signing this document you understand and consent to the following:

1. The session will be taped and may be observed by supervisory personnel and counseling professionals for supervision.
2. You or your child's case may be discussed in professional staffing.
3. Information on you or your child's case may be subpoenaed by a judge.

By signing below, you are attesting that you have read and understand this document, and agree to the terms within.

Client's signature

Date

Counselor's signature

Date

COPE

COUNSELOR EDUCATION CLINIC FOR OUTREACH AND PERSONAL ENRICHMENT

2301 S. Lamar Blvd. | Oxford, MS 38655 | (662) 915-7197 | cope@olemiss.edu



**COUNSELOR EDUCATION CLINIC FOR OUTREACH AND PERSONAL
ENRICHMENT (COPE)**

INTAKE

Client's Name _____ Age _____ Date First Seen _____

Home Phone (_____) _____ (message: Y/N) Work Phone (_____) _____ (message:
Y/N)

Address _____ City _____ Zip _____

Date of Birth _____ Referral Source _____

Emergency Contact: Name _____ Phone (_____) _____

**(Please use the back side of this form if you need more space to respond to *any* of the
questions)**

PRELIMINARY ISSUES AND PREVIOUS THERAPY

What is the primary concern or problem for which you are seeking help?

What makes it better? What makes it worse?

Are there any ***immediate*** challenges or issues that need our attention? Yes/No. If yes, please describe.

Have you had previous counseling or psychotherapy? Yes/No. From when to when? With whom?

What was your experience of therapy? (What was your previous therapy like?)

What was most helpful about your therapy?

What was least helpful about your therapy?

What did you learn about yourself through your previous therapy?

What do you expect from me and our work together?

PERSONAL/SUBJECTIVE

What are your strengths?

What are your weaknesses?

How would you describe your general mood/feelings?

What emotions do you most often feel most strongly?

What are the ways in which you care for and comfort your self when you feel distressed?

How do you deal with strong emotions in yourself?

How do you respond to stressful situations and other problems?

How do you make decisions (for example, do you use logic and reason? do you trust your gut and heart)?

Are you bothered by recurring images or thoughts (either while awake or in dreams)? Yes/No If yes, please describe.

Have you ever attempted to kill yourself or anyone else? Yes/No. If yes, please describe.

Are you presently experiencing suicidal thoughts? Yes/No. If yes, please describe.

Has anyone in your family ever attempted or committed suicide? Yes/No. If yes, please describe.

Have there been any births, deaths, serious illnesses, or other losses or changes in your family that have affected you? Yes/No. If yes, please describe.

What is your earliest memory?

What is your happiest memory?

What is your most painful memory?

Where in your body do you feel stress (shoulders, back, jaw. etc.)?

Do you have ways in which you express yourself creatively and/or artistically? Yes/No. If yes, please describe.

Describe your leisure time (hobbies/enjoyment).

Have you ever been a victim of, or witness to, verbal, emotional, physical and/or sexual abuse? Yes/No

If yes, please

describe. _____

Please mark any of the following emotions that you often feel:

- ☐ angry
- ☐ sad
- ☐ lonely
- ☐ afraid
- ☐ anxious/worried
- ☐ shameful/guilty
- ☐ jealous
- ☐ happy
- ☐ grateful/thankful
- ☐ excited
- ☐ energetic
- ☐ hopeful
- ☐ relaxed/peaceful
- ☐ other emotions you often feel:

PERSONAL/OBJECTIVE

Please list any medications you are presently taking (dosage/amount and what the medication is for).

Do you have a primary care physician? Yes/No. If yes, who is it? _____

Height _____ Weight _____

When was your last physical? _____ Were there any noteworthy results (diseases, blood pressure, cholesterol, etc.)? _____

Have you ever suffered a head injury or other serious injury? Yes/No. If yes, please describe.

What other significant medical problems have you experienced or are you experiencing now?

Please mark any of the following behaviors or bodily feelings that are true of you:

- ☐ drink too much
- ☐ use illegal drugs
- ☐ eat too much
- ☐ eat too little
- ☐ neglect friends and family
- ☐ neglect self and your own needs
- ☐ difficulty being kind and loving to yourself
- ☐ act in ways that end up hurting yourself or others
- ☐ lose your temper
- ☐ seem to not have control over some behaviors
- ☐ think about suicide
- ☐ have difficulty concentrating
- ☐ spend more money than you can afford to
- ☐ crying
- ☐ any other behaviors you would like me to know about?

-
- ☐ headaches
 - ☐ menstrual problems
 - ☐ dizziness
 - ☐ heart tremors
 - ☐ jitters
 - ☐ sexual difficulties
 - ☐ tingling/numbness
 - ☐ excessive tiredness
 - ☐ hear or see things not actually there
 - ☐ blackouts
 - ☐ do you have any other bodily pains or difficulties? Yes/no. If yes, what are they?
-

Describe your current sleeping patterns (How many hours per night? Do you sleep straight through or do you wake up during the night?).

Do you feel rested upon waking? Yes/No

Describe your normal eating habits (types of food, and how much).

Do you take vitamins and other nutritional supplements? Yes/No If yes please describe.

Describe your drug and alcohol use (both past and present).

Do you engage in some form of exercise (aerobic and/or strength building)? Yes/No If yes, please describe.

Do you have any communication impairments (sight, hearing, speech)? Yes/No If yes, please describe.

INTERPERSONAL/SYSTEM/SUBJECTIVE

Describe your relationships, including friends, family, and co-workers.

What is important and meaningful to you (what matters the most to you)?

Which emotions were encouraged or commonly expressed in your family of origin?

Which emotions were discouraged or not allowed in your family of origin?

What emotions are most comfortable for you now?

What emotions are most uncomfortable for you now?

How do you identify yourself ethnically? How do you describe yourself culturally?

How did your *family of origin* (family you grew up with) express love and care?

How does your *current family* express love and care?

How did your *family of origin* (family you grew up with) express disapproval?

How does your *current family* express disapproval?

Describe your romantic/love relationships (past/present).

Describe your sexual identity, desires and behavior. Where are they in alignment? Where are they in conflict?_____

What beliefs do you have about sex? How important to you are those beliefs?

Do you have a religious/spiritual affiliation and/or practice? Yes/No. Please explain.

What do your beliefs about religion/spirituality mean to you? How important to you are those beliefs?

What are some of your most important morals? How important to you are those morals?

What do your views/beliefs about politics mean to you? How important to you are those views/beliefs?

What do your views about environmental concerns mean to you? How important to you are those views?

Are you involved with any cultural activities or institutions? Yes/No. If yes, please describe.

INTERPERSONAL/SYSTEM/OBJECTIVE

Describe your current *physical* home environment. For example, describe the layout of your home, and other general conditions, such as, is it well-lighted?, do you have A/C?, heating?, etc.

Describe your current *social* home environment (how do you get along with those who live with you?)

Describe your neighborhood. (Is it safe/dangerous, nice/unpleasant, quiet/loud, etc.?)

Describe your work environment (include co-workers and supervisors who directly affect you).

Do you have a romantic/sexual partner? Yes/No Have you been in a domestic partnership before? Yes/No
If yes, please describe.

Do you have any children? Yes/No. Are they currently living with you? Are you currently involved in a custody dispute? Yes/No. If yes, please describe.

—

What aspects of your life are stressful to you? Please describe.

What sort of support system do you have (friends or family who help you in times of need)?

List your **family of origin** (family you grew up with), beginning with the oldest, include parents and yourself.

Name	Age	Gender	Relationship to you (include “step” and “half”, etc.)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is your educational background?

What is your occupation? _____

Describe any family history of mental illness.

List your **current family** or all the people you currently live with (begin with the oldest person and include yourself).

Name	Age	Gender	Relationship to you (include "step" and "half", etc.)
------	-----	--------	---

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you involved with any organizations? Yes/No. If yes, please describe.

Do you participate in any volunteer work? Yes/No. If yes, please describe.

Is there anything else you want me to know about? (use the back of the page if you need to).
