Description and Scope of Counseling Services

- The IU South Bend Student Counseling Center (SCC) offers assessment, crisis intervention, individual, group and relationship counseling to currently enrolled students at IU South Bend. All services are provided by trained professional counselors or graduate student interns under the supervision of a licensed mental health professional.
- Individual counseling is offered on a short-term basis with a primary focus on alleviation of distress symptoms and improving academic functioning; students are eligible to receive up to a maximum of ten sessions per academic year. However, due to the small staff and limited resources of the SCC, students with more long-term issues or problems requiring special treatment may be referred out to community providers shortly after the initial evaluation. Students may participate in group counseling on an unlimited basis.
- Counseling sessions are generally 45 minutes long.
- The Student Counseling Center does not provide documentation for any type of off-campus legal matters. Students who have been advised to seek counseling for legal proceedings of any kind (child custody, sex offenders, drug or alcohol arrests, as a condition of probation, etc.) will be referred to off-campus agencies.

Scheduling and Cancellations

- Students who desire counseling services are screened by Student Counseling Center staff and assigned to a counselor based on need and availability. Appointments are usually available within two weeks of the request for counseling; however, students may be placed on a waiting list at busy times.
- Regular attendance at counseling sessions is essential to the counseling process. Students who need to cancel or reschedule an appointment are responsible for notifying the SCC 24 hours in advance of the meeting. Appointments can be cancelled by calling or leaving a confidential message at 574-520-4125.
- If a student arrives more than 15 minutes late for a scheduled session, the appointment may be cancelled and/or rescheduled by the counselor. It is the responsibility of the student to contact the SCC and reschedule a missed appointment; otherwise his/her case may be closed.
- Students who no-show (do not call ahead to cancel an appointment) will forfeit a session for the academic year.

Confidentiality

- All information that students provide to the Student Counseling Center is confidential. Information will not be released without a student’s signed written consent, except as required by Indiana state law in situations where limited disclosure is necessary to protect life. Those situations include immediate danger of harm to self or others, allegations of child abuse and allegations of elder abuse.
- Pertinent information may be discussed with Counseling Center clinical staff for the purposes of treatment planning and coordination of care; those individuals are bound by the confidentiality requirements of state law and office policy. If counseling includes other individuals such as a spouse, partner or family member, the written consent of each participant is required to release information. Students participating in group counseling contract with one another to preserve the confidentiality of group members and content of sessions.
- Other disclosures may be made in accordance with the Notice of Privacy Practices Policy; those policies have been outlined and explained in the Notice of Privacy Practices form included in the intake process paperwork.
- By signing an Authorization to Release/Disclose Information form, students can give counselors permission to share specifically stated student information with those people explicitly named on the Release form. The Student Counseling Center cannot guarantee the confidentiality of student information once it has been released to the named recipients.
- Student Mental Health records regarding treatment are kept in a secured and locked file cabinet in the SCC and additionally on a HIPAA-compliant secure electronic server. Counseling files are not part of a student’s academic record at IU South Bend; no one has access to them except the Student Counseling Center staff. Student records are destroyed eight years after the date of last contact. To assure privacy of client information, Counseling Center staff avoids the use of e-mail for communication purposes. On occasion, our staff may need to contact a student by telephone. Students are asked to inform their counselor if they prefer that messages are not left on a machine or with others who may share the student’s telephone.

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Treatment Plans and Fees

- There are no fees for the services provided at the Student Counseling Center. Students who are referred to community service providers are responsible for payment of fees incurred there.
- Students work in collaboration with their counselor to develop an Individual Treatment Plan which serves as a guide for reaching the student’s goals. Refusal to assist in developing or following the plan can lead to suspension of services. Termination of counseling is based on therapeutic progress toward or achievement of treatment goals.

Communications

- A Student Counseling Center staff member is typically available to answer phone calls during normal operating hours. However, in instances where a staff member is not available or it is after normal business hours, callers have the option of leaving a confidential voice message. All calls will be returned as a staff member becomes available.
- Regarding e-mail, in acknowledgement of potential security/privacy concerns, it is the usual policy of the SCC neither to initiate nor respond to email communications. Similarly out of consideration of privacy and confidentiality, it is also SCC policy not to conduct any communication via other electronic means such as Facebook, Twitter, Skype, LinkedIn, etc.

Emergencies

If a student experiences a mental health emergency when the SCC is open, he or she will be seen promptly. The SCC does not offer after-hour emergency services. Students who experience a crisis when the Center is closed should: call 911, contact Memorial Epworth Center at 647-8400, or go to Memorial Epworth Center or the nearest hospital emergency room.

Referrals to Community Services

All currently enrolled students at IU South Bend are eligible for an initial evaluation with a counselor. If it is determined that the student is experiencing psychological or medical problems that require more intensive therapy or a specialized treatment approach not available at the SCC, a referral will be made to an appropriate community resource. Concerns that may warrant such referrals include (but are not limited to): eating disorders, substance dependence, self-injurious behavior, childhood sexual abuse, suicidal or homicidal intent, domestic violence, and severe mood or anxiety disorders.

Some students with more serious concerns may continue to participate in Student Counseling Center services only if they agree to concurrent medical management either with their physician/primary care providers or at the IU South Bend Health and Wellness Center. In such cases, students will be expected to give consent for a full exchange of information with the medical provider. The Student Counseling Center Director will make the final determination of a student’s eligibility/appropriateness for continued services at the Student Counseling Center.

PLEASE READ AND SIGN BOTH SECTIONS BELOW:

I have read and understood the Client Information/Authorization for Services document regarding Student Counseling Center Services and understand that I may address any questions with the Counseling Center staff. I authorize Indiana University South Bend Student Counseling Center to provide counseling services. I understand that I am consenting and agreeing only to those services my counselor has advised and is qualified to provide within the scope of the counselor’s license, certification and training, or within the scope of those directly supervising the services.

Printed Name: ____________________________________________  Student I.D. # _______________________
Signature: _______________________________________________ Date: ____________________________
Witness ___________________________________________ Date: ____________________________

Receipt of Student Counseling Center’s Notice of Privacy Practices

I, (print name) ________________________________________________, have received a copy of the Student Counseling Center’s Notice of Privacy Practices. I have had the opportunity to read and consider the Student Counseling Center’s Notice of Privacy Practices. By signing this form, I give my consent to use and disclose my protected health information in ways described in the Notice of Privacy Practices.

I am aware that I may revoke this consent at any time by submitting a Revocation of Consent for Use and Disclosure of Protected Health Information form to the Student Counseling Center.

Signature: _______________________________________________ Date: ____________________________