

Professional Services Agreement & Informed Consent

I, _____

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Give Informed Consent to Treatment. My consent indicates a commitment to enter into treatment with the understanding of the basic ideas, goals, and methods of this therapy. I consent to keep the therapist up to date about any changes in symptoms or situation that may impact the success of treatment. I understand that with periodic evaluation these goals may change to best serve my long-term interest.

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Understand that psychotherapy may arouse unpleasant feelings and emotional experiences, particularly in the initial phase of treatment. My relationships with significant others may also undergo substantial change during the course of treatment.

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Understand the Counselor Limits of Confidentiality. Information discussed in the therapy setting is held confidential and will not be shared without written permission *except under the following conditions:*

1. **DUTY TO WARN & PROTECT:** In the event that the therapist becomes aware of or suspects that a patient is at risk to harm themselves or others, he is required to warn the victim and report this information to legal authorities. In cases of suicide risk or threats the therapist is required to notify legal authorities and make reasonable attempts to notify the family of the patient.
2. **ABUSE OF CHILDREN & VULNERABLE ADULTS:** If the therapist learns about or suspects the past, present, or impending abuse of children, elderly, or disabled individuals he is required to report this information to the appropriate social service and/or legal authorities. This may include the report of admitted prenatal exposure to controlled substances that are potentially harmful.
3. **PROFESSIONAL MISCONDUCT:** Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.
4. **COURT ORDERS:** The therapist is required to release records of patients when a court order has been issued.
5. **LEGAL DEFENSE:** If the patient files a suit against the therapist or the University, it is permissible to use any available records in their defense.

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Give Consent to E-Mail. Although Regent University makes every effort to secure e-mail, it is possible that messages could be intercepted. It is recommended that, if e-mail correspondence is chosen, the amount of personal or sensitive information be limited. In signing I recognize the possibility of unsecure correspondence and still prefer to allow e-mail correspondence. Only Regent e-mail addresses should be used.

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Recognize that Animal Assisted Therapy (AAT) is Offered in the Office of Counseling & Disability Services. AAT involves introducing animals into the counseling environment. I understand that I may see dogs in the counseling suite and that they will not be invited into my individual sessions without my approval and separately signed consent. I further understand that all therapy animals have all of their vaccinations, are registered with the proper city, and have been trained as therapy animals. Any interaction with a therapy animal will be by my choice.

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Provide Consent for Information Sharing with the Regent Care Team (optional). The Regent University Care Team brings together staff members from a variety of offices around campus to provide a forum through which identified students can receive additional attention and care. Those offices include Student Services, Campus Ministries, Residence Life, Academic Advising, Counseling Services, and occasionally Campus Police. Students are often identified for the Care Team based on faculty or staff members' awareness of any number of concerns, including academic, health, personal, social, or behavioral struggles. Once identified, the members of the Care Team will give extra effort to encouraging, supporting, and monitoring the progress and well-being of those students. In many cases, only members of the Care Team are aware of which students have been identified and placed on the Care Team list. In some cases other individuals (i.e. deans, professors, etc.) may be provided with specific information in an effort to best serve the student.

Printed Name of Patient (*last, first, MI*)_____
Signature of Patient_____
Clinician Signature_____
Date