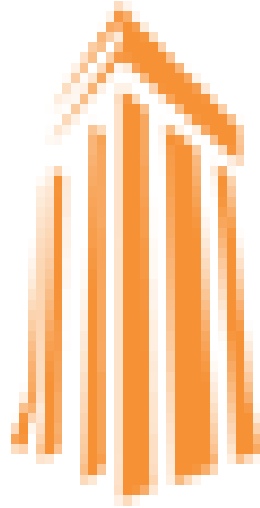


POLICIES AND PROCEDURES MANUAL

Revised 8-20-2008



AUBURN

MONTGOMERY

COUNSELING CENTER

Auburn University Montgomery

319 Taylor Center
Montgomery, AL 36117

Table of Contents

<u>Topic</u>	<u>Page</u>
I. Introduction	1
A. Counseling Center Mission Statement	1
II. Purpose	1
III. Eligibility for Services	2
A. Denial of Services	2
IV. Center Staff Qualifications, Expectations, Ethics	2
A. Qualifications/Licensure	2
B. Agreement to Abide by Policies and Procedures	2
C. Restrictions on Assignment of Clients	2
D. Malpractice Insurance	2
E. Guidelines for Staff Members offering Private Counseling	3
F. Ethics	3
G. Common Ethical Concerns	3
1. Dual Relationships	4
2. Receiving and Giving of Gifts	4
3. Sexual Behavior	4
V. Clinical Services	5
A. Approach to Therapy and Services	5
B. Limitations of Services	5
VI. Confidentiality	5
A. General Information	5
B. Computer Files	6
C. Schedule Book	6
D. Special Circumstances	6
E. Phone Calls	6
F. Client File Contents	6
G. Fax Requests	6
H. Office Confidentiality	6
I. Campus Confidentiality	7

J. Limits to Client’s Confidentiality	7
VII. Telephone Calls	7
A. General Information	7
B. Voice Mail	7
C. Cell and Home Number	7
D. Calls During Session	8
E. Long Distance Phone Calls	8
VIII. Emergency Procedures	8
1. Medical Emergency	8
2. Weather Emergency	8
3. Fire Alarm	8
4. Client Related Emergency	8
1. In Session Emergency	8
2. Client in Waiting Area Causes a Disruption	9
3. Client Emergency While Counselors Are Away	9
IX. Mail	9
X. Court/Subpoenas	9
XI. Speaking Engagements/Workshop Requests	10
XII. General Office Procedures	10
A. Hours	10
B. Attire	10
C. Atmosphere	10
D. Supplies	10
E. Copier	11
F. Fax	11
G. Shredder	11
H. Computers	11
I. Resource File	11
J. Client Forms	11
K. Schedule Book	11
L. Codes Used	12
M. Master Client List	12

N. Weekly Reports	12
O. Monthly Reports	12
XIII. Payroll Related Items	13
A. Employees	13
B. Time Off	13
XIV. General Daily Procedures	13
A. Locks	13
B. Situations Requiring Notification of the Director	13
XV. Appointments	13
A. Making the First Appointment for New Clients	14
B. Changing Appointments	14
C. Failed to Meet Appointment	14
XVI. Client Files	15
A. Creating a New Client File	15
B. Forms	15
C. Client Number	16
D. File Label	16
E. Service Record	16
F. Progress Notes	16
G. Other Authorizations	16
H. Closing Client Files	17
I. Reopening a Client File	17
XVII. Use of Diagnosis	17
XVIII. Changing Counselors	17
XIX. Suicidal Issues	18
A. Guidelines for Responding to Suicide Attempts/Gestures	18
B. Notification of Parents	18
C. Lethality Assessment	18
XX. Homicidal Lethality Assessment	19
XXI. Referrals	19
A. General Referrals	19
B. Procedure for Referring Individuals	19

XXII. APPENDICES	20
A. Staff Confidentiality Agreement.....	21
B. Client Intake Questionnaire	23
C. Informed Consent	29
D. Service Record	36
E. Termination Summary	38
F. Client Information Release and/or Request Authorization	40
G. Formal Referral for Counseling Assessment	42
H. Response to Formal Referral for Counseling Assessment	44
I. Failure to Meet Appointment Letter	46
J. File Closure Letter	48
K. New Client File Setup	50

I. INTRODUCTION

The material contained in the Policies and Procedures manual of the AUM Counseling Center are intended to serve as guidelines and to assist staff and student workers in understanding the overall functioning of the Counseling Center.

A. Counseling Center Mission Statement

The mission of the Auburn Montgomery Counseling Center evolves from the mission of the university. Our commitment to the AUM community is to provide professional psychological, educational, personal guidance and/or referral services to students who are currently enrolled in a degree program. We foster self-understanding and well-being of students and community through individual and group counseling, crisis intervention, consultative services to the AUM and larger community, research and evaluation with the goal to improve effectiveness of services and training and professional development for staff. Our mission is based upon the philosophy that every member of our community is valuable and we will respect and promote the dignity and worth of all individuals within an accepting and confidential environment while delivering the most competent and comprehensive mental health service available by this university as we focus primarily on the enhancement of success and completion of career and academic goals of community members.

II. PURPOSE

The purpose of the AUM Counseling Center is to provide counseling and mental health services listed in priority order for currently enrolled students actively participating in the semester for which they are seeking counseling services.

1. Crisis intervention for students exhibiting extremely inappropriate or maladaptive behavior and for students who behavior is a clear and present danger to themselves or others.
2. Provide remediation for students who have behavioral and cognitive deficits that interfere with effective functioning in their personal, social or academic environment.
3. Development of student potential through the learning of new skills and behaviors.
4. When necessary and/or appropriate, referral services for students to local agencies that could provide more comprehensive and/or specialized mental health services.

III. ELIGIBILITY FOR SERVICES

Any currently registered and enrolled full-or part-time student in a degree program is eligible for services. Routine counseling is not provided during semester breaks. If during the initial intake

assessment it is determined that a student would be better served by more comprehensive services provided by mental health resources in the community, the student will be informed of this and receive appropriate referrals to community agencies.

A. Denial of Counseling Services

If a client verbally or physically exhibits behavior that is perceived as threatening towards a Counseling Center staff member, the Director may determine that services will no longer be provided. Documentation of behavior will be placed in the client's file and reported to the Dean of Students.

IV. CENTER STAFF QUALIFICATIONS, EXPECTATIONS, ETHICS

A. Qualifications/Licensure

The staff of the AUM Counseling Center consists of professional counselors licensed by appropriate state agencies. All counselors should provide a copy of their license to be kept on file and display a copy of the license in their office.

B. Agreement to Abide by Policies and Procedures

Each employee or student worker that serves at the AUM Counseling Center will be expected to abide by all University policies and procedures, regulations and rules governing the University. Each employee or student worker that serves at the AUM Counseling Center is also expected to abide by all Counseling Center policies and procedures outlined in this manual. Each employee or student worker will review a copy of this manual and sign an agreement stating that he/she has reviewed the manual, is familiar with its contents, understands that he/she is obligated to operate under these policies and procedures during their employment here as well as maintain certain standards such as confidentiality even beyond his/her employment or placement at the Center.

C. Restrictions on Assignment of Clients

Clients with a previous personal/business relationship with a particular counselor should be assigned to a separate counselor to avoid any conflicts, ethical violations or dual relationship issues.

D. Malpractice Insurance

It is strongly recommended that all staff members who provide direct client services of any kind should have and maintain personal and professional liability insurance. AUM Counseling Center staff is protected under Auburn's liability insurance; however, in a case where the University and

the individual counselor may be sued it may be beneficial to maintain independent liability insurance. Proof of insurance should be on file at the Center.

E. Guidelines for Staff Members Offering Private Counseling Services

The AUM Counseling Center may employ licensed counselors who maintain a private practice or provide private services within the community. Guidelines for those employees include:

1. The Counseling Center affirms the right of a counselor to maintain a private practice.
2. Private clients may not be seen at the offices of the AUM Counseling Center or anywhere on University property in accordance with state law.
3. The university policies and the appropriate governing licensure board standards relating to conflict of interest and conflict of commitment shall be followed at all times regarding the operation of an external private practice.
4. A counselor's private practice shall not interfere with his/her Counseling Center responsibilities. Counseling Center supplies and resources shall not be used for a counselor's private practice.
5. Counselors will not use employment at the Counseling Center or the affiliation with the university to recruit or gain clients, or supervisees, for their private practices.
6. If a client receiving services in a counselor's private practice subsequently enrolls in the university, it is the counselor's responsibility/duty to immediately inform the client of the university's counseling services available to the client. The counselor should also inform the client that they will be unable to see them in both the community and University setting due to ethical standards. The student can then decide if they would like to continue receiving counseling services privately or be seen at the University Counseling Center.

F. Ethics

Counselors will adhere to his/her respective professional Code of Ethics and for keeping abreast with any changes in the ethical codes. Violations of ethical standards will not be tolerated and will be reported to the Dean and possibly to the applicable Licensing Board.

G. Common Ethical Concerns

The Counseling Center staff is expected to operate under the rules and regulations of the governing body for his/her licensure. Those rules and regulations provide specific information about ethical concerns and guidelines which must be followed. Some of the more common ethical concerns are discussed below:

1. Dual Relationships

In a small University setting the potential for dual relationships is somewhat higher than in the general population. Therefore, specific attention should be paid to situations which could lead to dual relationships at the Center.

2. Receiving and Giving of Gifts

Counselors should be aware and practice appropriate behavior according to their respective Code of Ethics with regard to the giving or receiving gifts. Since the giving or receiving of gifts might be interpreted differently by each party, the counselor should consult with the Director or Dean of Students if there is any question regarding giving or receiving gifts within the therapeutic relationship.

3. Sexual Behavior

The AUM Counseling Center staff will not engage in sexual behavior and/or sexual harassment of any kind between the therapist and client. Sexual harassment includes sexual advances, requests for sexual favors and other verbal, graphic or physical conduct of a sexual nature. Sexual behavior includes any aspect of sexual behavior including verbal, written or physical interaction between therapist and client. Inappropriate sexual contact is outlined in the ethical codes for counselors and mental health practitioners and those standards will be followed by Counseling Center staff. In addition, sexually explicit material shall not be brought to, kept or accessed via the Internet at the Counseling Center. The AUM Technology Information Appropriate Use Policy regarding accessing sexually explicit sites via the University Internet system must be followed. Misuse of client contact by a licensed professional, whether in one-on-one or a group setting, will result in charges brought before the proper University authority and before the therapist's licensing agency. Inappropriate contact from a client, either in individual or group treatment, toward a counselor or Counseling Center staff should be documented and reported to the Director immediately. The appropriate action will then be decided by the Director and/or the Dean of Students.

V. CLINICAL SERVICES

A. Approach to Therapy and Services

Decisions regarding the appropriate type and length of therapy are professional decisions and the responsibility of each counselor. Each counselor will conduct his/her behavior in accordance with the code of ethics which pertains to his/her discipline.

B. Limitations of Services

1. Counseling services offered are primarily short-term and solution focused (3 to 5 visits each semester). It may be necessary based on the professional opinion of the therapist that services need to be extended beyond the normal 5 visit limit. The therapist will consult with the Director regarding this issue. It may be necessary to consult with a treating medical doctor in the community for consultation on the client's medication issues. Students requiring long term, intensive treatment may be referred to a provider within the community. (See policy XXI on page 19)
2. Students presenting with severe substance abuse issues, requests for learning disability or ADD/ADHD evaluations, may be referred to the appropriate resource either on campus or in the community. The counselor must always be aware of his/her scope of competence and when necessary refer to other professionals in the community so that the best interest of the client is served.
3. The Center does not have the capability for 24-hour availability or hospitalization privileges. All emergencies after hours will be directed first to the AUM Police Department. The AUM Police Department will then follow their protocol for contacting the Dean of Students, Director, or the Associate Director as needed.

VI. CONFIDENTIALITY

A. General Information

All aspects of the activities of the Counseling Center and clients are confidential. Whether in the office or outside the office, protection of confidentiality regarding an individual previously seen or presently receiving services, is a priority by all employed in the Counseling Center. All persons working in the Counseling Center will be required to sign a confidentiality agreement and said agreement extends beyond employment with the Counseling Center.

B. Computer Files

All information related to clients and the operation of the Counseling Center is considered confidential. Any computer files that contain information directly related to clients is absolutely confidential and must be treated as such.

C. Schedule Book

The schedule book is a confidential document. It should never be removed from the Counseling Center office. It should remain at the front desk for easy access by Center employees until the end of the day at which time it should be placed in the locked filing cabinet in the file room.

D. Special Circumstances

At times an extra level of confidentiality needs to be observed. It may be necessary to highlight that the client does not wish to be contacted by phone, mail, or email on the “Intake Form.” However, it may be necessary based on the professional opinion of the therapist to contact the client and we will seek to do that in a way that is the least intrusive to the client.

E. Phone Calls

It is important to be aware of confidentiality related to phone contacts. Staff should be aware of who is asking about clients and/or appointments and notify the Director or immediate supervisor if the calls and inquiries persist.

F. Client File Contents

Any papers that contain a client’s name should be kept confidential. Any papers that contain client information and are no longer needed should be shredded as per our University Records Policy.

G. Fax Requests

Caution should be used when faxing information pertaining to a client. All appropriate releases should be acquired prior to faxing any information about a client. Though faxing provides faster service, it is not the best way to maintain client confidentiality due to the lack of assurance that a fax will be received by the appropriate individual.

H. Office Confidentiality

Clients’ confidentiality must be guarded at all times, particularly in the front office. Never reveal the identity of a client while others are present or refer to them in a way that identifies them as a client.

I. Campus Confidentiality

Confidentiality must be maintained at all times and should be exercised by all Center staff when encountering clients outside the Center.

J. Limits to Client's Confidentiality

All clients will be given a copy of the "Informed Consent." In accordance with the Counseling Center's "Informed Consent" as well as the Code of Ethics, a counselor may breach confidentiality in the following circumstances:

1. As required by state law, any incident of child or elderly abuse or neglect as well as *suspected* child or elderly abuse or neglect that is reported to a staff member by a client will be reported to the Department of Human Resources.
2. If a client states his/her intention to commit suicide and if, in the clinical judgment of the counselor, the client intends to harm himself/herself.
3. If a client states his/her intent to do grave harm to someone, and it is the clinical judgment of the therapist that there is a significant risk that the client will commit such an act, then the campus police and the intended victim will be notified.
4. If a client is in a medical crisis and is unable to give consent, information needed by medical personnel in handling the crisis will be provided.

VII. TELEPHONE CALLS

A. General Information

Telephone calls are often the first line of contact for the Counseling Center. All calls will be handled in an appropriate, professional and timely manner. If a phone call is received and a message must be taken, it is important that all pertinent information be recorded on the message pad.

B. Voice Mail

If the front desk is left unoccupied for a period of time, the voice mail should be checked immediately upon the return of a staff member. Any messages should be written down appropriately as previously stated.

C. Cell and Home Number

Do not reveal home or cell phone numbers of any staff members.

D. Calls During Sessions

Clients are entitled to and should expect the full attention of the counselor during the session. Professional and ethical guidelines will be followed in relation to this issue. Should an emergency arise, the counselor will be so informed by a staff member.

E. Long Distance Phone Calls

The University maintains a code number which allows for long distance phone calls pertaining to departmental issue. Long distance phone calls should be made for official Counseling Center business only.

VIII. EMERGENCY PROCEDURES

All official University procedures will be followed. All client information should be placed in the Center's locked files.

A. Medical Emergency

The Counseling Center has a first aid kit for use in minor emergencies. Staff members of the Counseling Center cannot give medication of any kind to a client. If assistance is needed, refer the client to the Nursing Care Center in Moore Hall. If there is a medical emergency involving a staff member, University policy should be followed. Human Resources maintain a list of emergency contacts for all staff members.

B. Weather Emergency

All official University procedures will be followed. AUM Alert system will contact all AUM staff.

C. Fire Alarm

When the fire alarm sounds the University policy requires that the building be vacated. Before exiting the office, be sure the schedule book and client files are locked in the file room unless there is imminent danger to self.

D. Client Related Emergency

Occasionally an emergency related to a client may occur. These emergencies typically fall into one of the following categories:

1. In session emergency: Sometimes sessions can get loud, but unless help is specifically asked for there is no need to interrupt a session. Requesting help from other staff members or using a code word can signify if assistance is needed.

2. Client in Waiting Area Causes a Disruption: If one of the counselor's clients causes a disruption in the waiting area, interrupt the session of that counselor to seek his/her assistance. The counselor may be better able to directly address his or her own client's behavior. If it is an extreme or dangerous situation, Campus Police should be contacted.
3. Client Emergency While Counselors Are Away: We attempt to provide as much assistance to clients as possible, but occasionally there are limits to the services we are able to provide. When counselors are not in the office and an emergency arises that requires professional attention, contact the Director. If the Director is not personally available or available by phone, contact the Dean of Students. If the situation is dangerous or life threatening Campus police should be notified. If the client is suicidal then refer to policy number XIX on page 18 dealing with suicidal issues. Document the event in writing in detail including times and all actions.

IX. MAIL

Mail received at the Counseling Center should be related to the business of the Counseling Center. If the mail appears personal, place it in the proper box. Outgoing mail from the Center should use the Center stationary. Stamped personal mail can be placed in the mailbox and will be picked up by the mailroom. However, the mailroom does not assume any responsibility for the personal mail.

X. COURT/SUBPOENAS

There are times when the Center receives a subpoena. Technically, a process server is to deliver the subpoena directly to the person named. Carefully check the name of the recipient before accepting a subpoena. If it is a previous employee, the subpoena can be refused. The party will then have to issue a separate subpoena to the University, the Center or the current Director. Subpoena's that are not in the specific name or entity may be refused. Twenty-four hours notice for a subpoena is also required. If a subpoena is accepted, the Director and Dean of Students must be notified immediately. Under no circumstances is a lawyer or any law enforcement personnel representing an outside entity given access to the Counseling Center office, files, or calendar. Any subpoena received by any member of the Counseling Center staff should be given to the Director so the appropriate process is followed to contact legal counsel for Auburn University at Montgomery.

XI. SPEAKING ENGAGEMENT/WORKSHOP REQUESTS

Anytime a request is made for someone from the Center to speak, follow the guidelines and information requested on the “Presentation Request Form.” Complete the request form and give it to the Director.

XII. GENERAL OFFICE INFORMATION AND PROCEDURES

A. Hours

The Counseling Center is open Monday through Friday from 8:00 am until 5:00 pm. There may be extended hours during Fall or Spring Semester as set by the Dean of Students and advertised for student convenience. The Center is closed during official University holidays.

B. Attire

The Counseling Center is a professional office and appropriate attire should be worn by staff members. Staff members are not asked to dress up, but clothing that is considered more business casual dress is recommended. Jeans that are in good condition may be worn, but it is requested that this occur only on Fridays. Please refrain from the following:

1. Extremely faded or torn jeans
2. Jogging suits
3. See through clothing of any kind
4. T-shirts unless considered a more business casual type
5. Shorts
6. Low rider clothing where skin is visible above the top of the pants or where underwear is visible at the top of the pants
7. Mid-riff tops of any kind

C. Atmosphere

A professional business atmosphere should be maintained at all times. It is the responsibility of all staff members to make every effort to maintain a clean, orderly and professional atmosphere throughout the Counseling Center.

D. Supplies

All office supplies for the Center are located in the file room. These supplies are to be used for Center business only. They should not be taken from the Center or used for personal business.

E. Copier

The copier is located in the break room and it is used only for Center business. Specific instructions on the operation of the copier are located in the copier itself.

F. Fax

The fax machine is located in the break room. If employees notice that a fax is received, please retrieve it and make sure it is delivered to the appropriate person.

G. Shredder

There is a shredder located in the break room. Any papers that contain client information or confidential information of any kind should be shredded in compliance with university policy. Higher Education regulates approval submission for shredding files. Client files must be held for 10 years beyond the last date seen and appropriate written approval obtained prior to shredding. Prior to shredding other administrative files consult with the appropriate department for that specific type file.

H. Computers

Each office is supplied with a computer. The computers are maintained by the Computer Center. Updates to the computer will download automatically. Staff is encouraged to logoff his/her computer when away from the work area.

I. Resource File

There are files located in the break room which contain various professional resources. Articles and other information on various topics are kept in this central location. If a staff member is aware of an article or other item that might be useful in working with clients, please provide a copy for the resource file.

J. Client Forms

All of the forms used with clients are located in the filing tray and in top drawer of the designated file cabinet in the break room. Some forms are in digitized on staff computers. If revisions are needed the Coordinator should be notified. Laminated master copies are maintained in the file cabinet for duplication. Staff members should not use the last copy of any form without making new copies.

K. Schedule Book

All activities, client appointments, events, vacations and workshops should be clearly listed in the schedule book and on the electronic calendar as soon as they are made. This book should

remain at the front desk at all times to assure security of the book and easy access to schedule appointments.

When entering names of “new” clients use first and last names and a phone number with NEW written beside the name. If scheduling an ongoing client, the counselor should use the first name and last initial when notating an appointment time in the calendar. Ultimately, it is the responsibility of each counselor to assure that his/her schedule is correct and that the following weeks appointments are placed in the schedule book and electronic calendar in a timely manner in order to avoid scheduling problems.

L. Codes Used

The following is a list of codes/abbreviations used in various areas of the schedule book:

- √ Counseling session attended.
- CX Appointment has been cancelled. Specify who cancelled the appointment and the reason for the cancellation by the client’s name.
- NS Client failed to attend counseling session.
- RES Rescheduled appointment. Specify the date and time of rescheduled appointment.

M. Master Client List

The Center maintains a Master Client list on the main computer. It is password protected and access to this list is limited to the Director and Student Services Coordinator. When a student begins receiving services at the Center he/she is given a client number and the information is noted on the Master Client List. It is important that the client’s information be noted on the “Master Client List Form” (located in the Records room) following the client’s initial visit.

N. Weekly Reports

The Counseling Center provides a weekly report of its activities to the Dean of Students. Counselors and staff members are encouraged to complete the form including any relevant activities and turn it in to the Director in a timely manner so that all activities will be included in the weekly report. A copy of the department and division consolidated reports should be forwarded to all staff members.

O. Monthly Reports

The Counseling Center maintains monthly statistical report regarding the services provided by the Center. This information will be compiled by each counselor and sent to the Center Coordinator.

XIII. PAYROLL-RELATED ITEMS

A. Employees

All employees that require a payroll time sheet are responsible for completing it in a timely fashion. The form is located under the Human Resources area of the University website.

B. Leave

All requests for personal leave should be submitted to the Director in writing in advance of the expected leave. The Director will respond to the request and try to accommodate such requests when possible.

XIV. GENERAL DAILY PROCEDURES

A. Locks

There are two locks to the front door, a combination lock and a keyed lock. When leaving the Center at the end of the day or for an extended period of time during the day, secure both locks. If you must leave the Center for any period of time, please ensure the file room and front doors are locked. Each staff member will have a front door key and will be given the combination lock code verbally. If you arrive at the office without your key, contact Campus Police to unlock the master lock. The file room has combination lock and file cabinets each have individual key locks. The location of the keys will be given to you verbally. Both locks accessing client files in the file room must be secured when closing the Center at the end of the day. At the beginning of the day both of these cabinets should be opened and at the end of the day should be locked. File cabinet keys should never be removed from their location; they are only to be used to unlock the cabinets and then returned.

B. Situations Requiring Notification of the Director

The Director shall be immediately notified about any situation which is deemed an emergency, would impact the University or otherwise could/would need the attention of the Director.

Counselors will use their discretion. If the Director is unavailable, contact the Dean of Students.

XV. APPOINTMENTS

Walk-ins are welcome if a counselor is available; however, clients are encouraged to call and make an appointment to ensure that a counselor is available upon their arrival.

A. Making the First Appointment for New Clients

- The front desk personnel typically makes appointments as students call or walk in on a first come first serve basis with the exception of emergencies.
- Confirm that the client is currently registered and enrolled at AUM.
- Ask the client if he/she has ever been to the Counseling Center before and pull the client file if they have been seen previously.
- Be sure the client knows where the Center is located.
- Suggest he/she arrive early to complete paperwork before the scheduled appointment.

B. Changing Appointments

- Rescheduling: Within reason, these requests are accommodated. If rescheduling becomes habitual it should be documented in the client file.
- Canceling: We request that it be done 24 hours in advance. If cancellation becomes habitual it should be noted in the client file.
- Late: Clients should call if he/she will be late for an appointment. If the Client is late for his/her appointment, the counselor will make the determination whether or not to conduct the session or reschedule it.

C. Failed to Meet Appointment

If a client does not show for his/her appointment contact with the client should be attempted either by mail or phone considering approval for contact as indicated on “Client Intake Questionnaire.” “Failed to Meet Appointment Letter” (see appendix I on page 46) should be sent to the client within two to three days of the scheduled appointment. A copy of the letter should be placed in the client’s file. Likewise, a phone call to the client can be made only if the client has given permission to do so on the “Intake Questionnaire” and should be noted in client file. Regardless of whether or not a client has requested that we not contact them, if the situation warrants, and if in the professional judgment of the counselor and director determine contact should be made, then the counselor will make that contact via email. If email contact is made the director should sign and date to notate email approval and reason on printed email document to be placed in client file. The client file is closed after 30 days from notification and a closing file letter will be sent by mail or email as appropriate and placed in client file. A termination summary (see example file) should be placed in the front of the file over the Service Record.

Terminated client information should be filled in on the “Terminated Client Form” inside the file room. The last person to input an entry is responsible for replacing the form with a blank copy located in the “Staff Forms” file drawer in break room and giving the filed form to the Coordinator. The Coordinator will enter the data necessary to ensure the closed file information is indicated on the master list.

XVI. CLIENT FILES

All client files and information contained within them are confidential and should be kept in the locked file cabinet when not in use. Files must not be removed from the Counseling Center premises. No one outside those working directly in the Counseling Center should have access to client files. Files should not be accessed by anyone other than the counselor assigned to that client with the exception of the Director or Student Services Coordinator and should only be accessed when it is relevant to do so. When not in use all client files are kept in locked filing cabinets within a locked file room. Active client files are to be kept in the active client file drawer. At the end of the business day all client files must be placed in a locked file cabinet in the file room. Under no circumstances should client files or other information pertaining to or identifying a client be left outside the locked file room. Confidentiality extends after the termination of the counseling relationship. To continue to protect confidentiality, files will be closed when the client is no longer actively participating in sessions.

A. Creating A New Client File

All clients will have a file. A sample file is available for review. It is located in the resource area. The front desk staff will typically be responsible for greeting a new client and providing the forms and instructions for completing the paperwork; however, all staff should be aware and offer assistance in absence of front desk staff or Coordinator.

B. Forms

- New client paper work consists of Client Intake Questionnaire and the Informed Consent. This form contains all the general information regarding a client. It should be completed in its entirety before the session begins. The Informed Consent is a detailed description of the client's rights and responsibilities and must be offered to each new client. The client's personal copy should be marked with inscription "Client's Personal Copy."
- Clients are encouraged to discuss this form with their counselor and the counselor should witness the signature. The client receives the Informed Consent document with the COPY of the signature page attached. The original "Informed Consent" with original signature page becomes a part of the client's record whether he/she has signed it. If the client does not sign the Informed Consent, then he/she is informed that all aspects of the Informed Consent will still apply.

- During the session, if additional forms are required they should be completed and placed in the file.

C. Client Number

Each client is assigned a client number as soon as possible in order to maintain accuracy in the Master Client list. The number is obtained from a form in the file room where client information should also be recorded. This number should be listed on the top right hand page of the Client Intake Questionnaire and all relevant forms in the client file. The Coordinator will record the relevant information on the Master Client list computer file. The Coordinator and the Director are the only two people to have access to this list in the computer file.

D. File Label

After the first session, a typed file label will be placed appropriately on the file. The file label should appear as follows:

LAST NAME, First name Client Number:

Date Opened:

E. Service Record

A service record should be completed for each client. It is placed in the front left side of the file folder. After each individual or group session the session number and the date are recorded.

F. Progress Notes

Counselors shall maintain progress notes to document the course of therapy.

Progress notes should be concise, clear, pertinent and objective. This form is now in digital format. It is recommended that progress notes be completed the day of the session or due to unforeseen circumstances within forty eight hours. The counselors name, degree, and licensure should appear at the end of each entry. If a consultation, phone call or other exchange of information takes place regarding a student, it should be noted on a progress note including date, time, who was contacted and the reason for the contact.

G. Other Authorizations

No information related to the client can be revealed without a written and witnessed “Request/ Release of Information” unless it falls under the specific circumstances noted in the Informed Consent where information can be released without the client’s permission. If a client is requesting a “Request/ Release of Information” that is related in any way to a legal matter or legal action, the Director should be notified as soon as possible. If for some reason the counselor is concerned about the nature of the request from the client or how the information will

be used, the counselor should discuss the concern with the client and the Director. Parents do not have access to information on students related to them.

H. Closing Files

A client will need to have his/her file closed when he/she is no longer actively participating in sessions or academic services. When a client has not been seen for thirty day, his/her file will be closed. Once the file is closed, the file should be moved from the active files to the inactive/closed file drawers. In order to protect the confidentiality of clients, files that have been closed for ten years will be destroyed appropriately. This action reflects policies established by the State of Alabama Higher Education being followed by AUM and the Counseling Center. The date the file is destroyed will be noted on the Master Client list.

I. Reopening a File

A student actively registered and enrolled in classes can return to counseling at any time except under the following three circumstances:

1. It has been determined by the counseling staff and Director that the student would be better served by more comprehensive services offered in the community.
2. A decision has been made by the Center Director that would not allow an individual to return as an active client due to disruptive or other inappropriate behavior.
3. Do not officially reopen the file until the client actually attends his/her session. If the client has not been seen in over a year the client must update the “Intake Questionnaire” and sign an “Informed Consent Form.” The Reopen date should be noted on the “Master Client List” in the file room so that it can be entered on the Master Client List on the main computer.

XVII. USE OF DIAGNOSIS

Even though students are typically seen as clients requesting consultation about life issues and dealing with life problems rather than being seen as patients who have a psychiatric illness it may be necessary to provide a provisional diagnosis in order to provide the most comprehensive care possible to the client as related to community referrals.

XVIII. CHANGING COUNSELORS

Although clients have the right, they are not encouraged to change counselors. Clients should be encouraged to discuss the issue with the original counselor to determine the problem and provide

feedback to the counselor. The Director should be notified of the client's request and will make the final decision based on the best interests of the client.

XIX. SUICIDAL ISSUES

College life introduces change and new stressors that may seem overwhelming to our students. Sometimes these stressors coupled with other outside issues can initiate a crisis leading to suicidal thoughts. It is important that any threat or attempted suicide be taken seriously. AUM is concerned about the well being of each member of the campus community.

A. Guidelines for Responding to Suicide Attempts/Gestures

Each situation may be different with regard to suicide attempts and gestures; however, these guidelines are recommended for use with discretion depending upon the situation.

- Assess the level of danger to the client.
- A suicidal client is never left alone.
- Assess whether an ambulance may be needed and if ambulance is needed notify Campus Police of need for ambulance transportation.
- Notify the Director and/or the Dean of Students.
- Notify a significant other or a family member of the client's condition. Assess whether the client will be transported to a hospital so that the significant other can meet them there.
- When possible the client should be taken by a significant other or a family member to the local emergency room for further assessment. Counseling Center staff should never be involved in transporting a client the emergency room, but all efforts should be made to have the client accompanied by someone.
- Carefully document all information pertaining to this event in the client's record.

B. Notification of Parents

Whenever any life-threatening attempt is made by a student, parents or next of kin are contacted immediately. If a suicidal gesture is made, but there is no imminent danger to the client, parents or next of kin may be notified as a precaution. It is recommended that counselors consult with the Director and/or Dean of Students if there are any questions regarding notification.

C. Lethality Assessment

It is recommended that during the assessment process counselors ask each client about any suicidal ideations present at that time including intent as well as inquire about any past history of

suicidal attempts, gestures and/or thoughts. The intake report should include this information. Should a client admit any current or recent ideations, more in-depth assessment should be conducted. If the assessment indicates a moderate to high risk for suicide, please see above for Center guidelines (X1X.A).

XX. HOMICIDAL LETHALITY ASSESSMENT

The “Informed Consent” clearly states the Center’s policy concerning the limits of confidentiality in this area. The clinician should assess for any current or past homicidal ideations and/or gestures. If a client admits these ideations, a more in-depth lethality assessment should be conducted. When deemed appropriate by the counselor or a risk of significant harm is present, the Director and/or Dean of Students and/or Risk Assessment Committee should be immediately notified. Appropriate decisions with regard to notifying others will be made in accordance to the Duty to Warn statutes (Tarasoff Standard). All information and actions by the counselor should be carefully documented.

XXI. REFERRALS

A. General Referrals

The Counseling Center will maintain a list of behavioral health providers within the community to provide referrals to students who would be better served by community resources or those that would prefer a counselor off campus.

B. Procedure for Referring Individuals

In order to be ethical and professional with regard to referrals, the Counseling Center staff should provide a list of three professionals whose areas of specialties match the needs of the client. Counselors who are currently employed by the university may not be listed as providers on the referral list.

APPENDICES

The appendix contains copies of each form and/or document that relates to the functions of the Counseling Center. Please familiarize yourself with the forms and when they are used. Copies of the forms are kept in the forms file.

Appendix A: Staff Confidentiality Agreement

Appendix B: Client Intake Questionnaire

Appendix C: Informed Consent

Appendix D: Service Record

Appendix E: Termination Summary

Appendix F: Client Information Release and/or Request Authorization

Appendix G: Formal Referral for Counseling Assessment

Appendix H: Response to Formal Referral for Counseling Assessment

Appendix I: Failure to Meet Appointment Letter

Appendix J: File Closure Letter

Appendix K: New Client File Setup

Appendix A: Staff Confidentiality Agreement

AUM COUNSELING CENTER

**Room 319, Taylor Center
7400 East Drive
Auburn University Montgomery
Montgomery, AL 36117
(334) 244-3469**

STAFF CONFIDENTIALITY AGREEMENT

It is understood that during the regular course of my work related to the AUM Counseling Center, I, the undersigned may be privy to information considered confidential and property of my employer. Staff member also acknowledges that during the course of performing duties for the center, staff will have access to confidential information of the employer and its affiliates, including without limitation, client/customer lists, methods and processes involved in providing services, financial data and other identifying information. The staff member acknowledges that none of this confidential information shall be revealed to anyone other than the employer or an entity authorized by employer. Should the staff member come in contact with clients or their family outside regular office hours, the utmost discretion will be used to safeguard that client's confidentiality.

I understand that client files and schedule books are never to leave the center. If a situation arises where the file or schedule book may need to leave the center I must get specific permission from the Director to do so before this can occur. The items must then be returned as soon as possible.

I agree to read and become familiar with the Counseling Center's and University's Policies and Procedures Manual.

Immediately upon cessation of my employment or other work with the AUM Counseling Center, I will return any and all company documents and keys that I may possess. Furthermore, my agreement of confidentiality will continue indefinitely even past my employment/work with this office.

Staff Member

Date

Appendix B: Client Intake Questionnaire

AUM Advisor: _____ **Class Standing:** _____
(Freshmen/Sophomore/Junior/Senior/Grad)

Academic Major: _____ **Minor:** _____ **GPA:** _____

FAMILY/SOCIAL BACKGROUND:

Ethnicity/Nationality: () African American () Asian American () Spanish American
() Native American () Caucasian () Other _____
Please Specify

Relationship: () Single () Married () Widowed () Divorced () Separated () Life Partner

How long have you been in this relationship status? _____
Years Months

What is your current living arrangement?

- | | |
|---|----------------------------------|
| ____ Living with spouse/partner & children. | ____ Living with friends. |
| ____ Living with spouse/partner alone. | ____ Living alone. |
| ____ Living with parents. | ____ Living alone with children. |
| ____ Living with other family members. | ____ No stable environment. |

How long have you been in the current living arrangement? _____
Years Months

Name and ages of your children:

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Are both your parents living? () Yes () No

If no, how old were you when your Mother died? _____ **Cause of death.** _____

If no, how old were you when your Father died? _____ **Cause of death.** _____

Please list Sibling Order Arrangement:

	Brother/Sister	Age
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

Your birth order position to your siblings: (From the oldest.) _____

Is your family/significant other supportive of you attending college? () Yes () No

Significant parental &/or family dynamics: _____

Have you ever been given any psychological/personality, IQ, aptitude, &/or abilities assessment or tests? () Yes () No

If so, what type? _____

Who referred? _____

Date(s) tested? _____

Results: _____

Have you ever experienced difficulty mastering &/or performing in any specific subject area? () Yes () No **If so, explain** _____

MEDICAL HISTORY:

1. What over counter or prescription medications are you currently taking?

Medication	For What Condition	Prescribed By (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Do you have major concerns about your health: () Yes () No

Explain:

3. Do you have a primary doctor? () Yes () No

Name of Physician: _____ **How long?** _____
City _____ **State** _____ **Phone** _____

4. Have you ever experienced seizures? () Yes () No

If yes, date of last seizure. _____ **How often?** _____

5. Have you been diagnosed as being diabetic? () Yes () No

Family Members? () Yes () No If so, who? _____

6. Have you ever received counseling/therapy for a mental/emotional problem?

() Yes () No **If yes, when?** _____
If yes, where? _____
Name of therapist _____
Problem(s)/Reason(s) _____

7. Have you ever had overwhelming thoughts of hurting yourself or others?

() Yes () No

8. Have you or any family members ever been hospitalized for any physical, mental, and/or emotional needs? () Yes () No

If yes, please give details.

9. List any family members &/or significant people in your life who have died and the reason.

10. Have you ever been abused? () Yes () No Presently? () Yes () No
___ Sexually ___ Physically ___ Emotionally

If so, when did the abuse occur? _____

Did you report it? () Yes () No If yes, to whom? _____

What happened? _____

Did you receive treatment for the abuse? () Yes () No

11. Are you currently in fear of or received a threat of abuse? () Yes () No

Explain.

*****List the top ten (10) major stressors in your life today.**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

*****What do you perceive to be your “strengths” with regards to social, academic, and interpersonal skills? _____**

*****What do you perceive to be “weaknesses in life which diminish the quality of your life?”**

*****What are the areas of your life *today*, which you desire to either grow in &/or change?**

Appendix C: Informed Consent

INFORMED CONSENT FOR COUNSELING OR CONSULTATION SERVICES

AUM Counseling Center
319 Taylor Center, 7400 East Drive
Montgomery, Alabama 36117
(334) 244-3469

I acknowledge that I have initiated counseling with the AUM Counseling Center. I am informed that my counselor wishes to establish and maintain a positive therapeutic relationship with clients, and I am informed that there are certain rights and principles of which I should be aware, before consenting to and participating in the counseling process.

I shall completely read, understand, and inquire as necessary (consulting with AUM Counseling Center staff), to my total and complete satisfaction the policies outlined in this document, as noted by my signature (last page). My signature indicates my understanding of and consent to these policies (specified below) regarding client rights, responsibilities, scheduling, and exceptions to confidentiality, and missed appointments.

I further understand that not signing this document does not alter or negate the enforcement of these policies.

I. CLIENT RIGHTS

I am now informed of the following client rights:

1. I have the right to ask questions about any procedures used during therapy.
2. I have the right to refuse treatment from the AUM Counseling Center and seek other therapeutic services.
3. I have the right to end therapy at any time with my counselor without any moral, legal or financial obligation.
4. I have the right to ask questions about everything that has taken place at any time with regard to administrative or clinical functions at the AUM Counseling Center.
5. I have the right to decline participation in or the use of certain therapeutic techniques.
6. Typically sessions are not recorded. Should the need to record the sessions arise, I have the right to refuse electronic recording. Recording will only proceed after I have consented in writing and have also been informed of the intended use of the recording.
7. I have the right to review my personal documents and records at reasonable times (later explained).

8. I understand that my sessions are 45-50 minutes in length.
9. **CONFIDENTIALITY:** I understand that communication between me as a client and my counselor is generally (defined below) protected by law and that my counselor can only release information about our work to others after I have given written permission. If I request it in writing, my counselor will release any part of my record in my files to any person or agency that I designate. However, my counselor will tell me at that time whether or not they think releasing the information in question to that person or agency might be harmful to me in any way. Additionally, there are some exceptions to the confidentiality rule as defined by Federal and Alabama law or policy.

These are:

- A. In most judicial proceedings, you may have the right to prevent your counselor from testifying; however, in proceedings in which your emotional condition is an important element, a judge may (is likely to) require your counselor's testimony. If you are involved in litigation, or are anticipating litigation, and you choose to include your mental or emotional state as a part of the litigation, your counselor may have to reveal part or all of the treatment records and impressions and recommendations.
- B. If you are called as a witness in criminal proceedings, the opposing counsel may have access to your treatment records.
- C. There are some circumstances when a counselor is required by law to breach the confidentiality without a client's permission. A counselor is also not required to inform you of the actions in this regard. These circumstances are:
 - 1) When a counselor suspects or knows about the neglect or abuse of a minor child or incapacitated adult. In such a case he/she is required by Alabama law to file a report with the appropriate state agency.
 - 2) If, in the counselor's professional judgment, there is reason to believe that a client is threatening serious harm to another, he/she is required to take protective action, which may include notifying the police, warning the intended victim, or seeking the client's hospitalization.
 - 3) If a client threatens to harm him or herself, the counselor is required to seek alternatives (e.g., hospitalization) to prevent potential danger.
 - 4) If a court of law issues a legitimate subpoena, the counselor is required by law to provide the information specially described in the subpoena.
 - 5) If you are in therapy by order of a court of law, the results of the treatment ordered must be revealed to the court.

- 6) We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials. By law we cannot reveal when we have disclosed such information to the government.

- D. There are situations in which a counselor is permitted by law to reveal information obtained during therapy without your permission. If you bring civil or criminal charges against the center or counselor in court, or if you file an ethics complaint with the license board, he/she is permitted to use your records to defend themselves against your charges or complaints.

- E. You need to know that you own your right to confidentiality. The counselor guards your right. If you choose to reveal information to others, including, but not limited to family or friends, the courts have ruled that you have given away your right to confidentiality about that subject. Please be careful what you say about our therapy to others outside the therapy room.

- F. Other Clients Right to Confidentiality: Other clients have the same rights to confidentiality. Since clients may well see one another as they come and go from the office, you have the right to expect that other clients will not divulge you client status to others, and they have the right to expect that you will equally protect their client status.

Note: The clear intent of the above requirement is that the AUM Counseling Center assumes both a legal and ethical responsibility to take action to protect individuals from harm when the counselor's judgment indicates that danger exists. Fortunately, these situations rarely arise.

II. CLIENT RESPONSIBILITIES

Clients are granted certain rights as defined above. Clients also have certain responsibilities in order to maintain a positive therapeutic relationship. I understand that I must be an active AUM student currently enrolled in classes in a degree program in order to be eligible for services at the AUM Counseling Center. If I am a student, I agree to inform my counselor when I graduate so that future counseling needs and options may be addressed at that time.

Scheduled Appointments:

With regard to regularly scheduled appointments, I agree to:

1. Be on time. The appointment time given is when the session will begin. Arriving a few minutes early is recommended.

2. Call ahead if I will be late. In case of tardiness of 15 or more minutes, I will consider rescheduling. If I am seen, my appointment will only be for the remainder of the session.

3. Call to reschedule missed appointments. I understand that the Counseling Center will not call to reschedule unless my counselor could not meet the appointment and had to cancel. I will not assume an appointment will be made for me if I miss an appointment without calling.
4. If I consistently miss appointments without contacting the Center, I understand that my appointment time may be given to another client.

Loss of Services:

Clients are expected to behave in an appropriate, responsible manner during the counseling session and abide by my client responsibilities. Consequently, if I am habitually late, repeatedly cancel or do not show up for appointments, I understand that I may lose my ability to remain a client. If I behave toward the staff of the Center in a manner that is threatening or otherwise inappropriate, I understand that I may be terminated as a client and not allowed to continue receiving services at the Center.

III. AFTER HOURS EMERGENCY SITUATIONS

In emergency situations where I am unable to get in touch with my counselor, I agree to seek immediate assistance from a physician or the emergency room. I have been made aware that the Counseling Center is **not** available on a 24-hour basis so I will utilize my own support system outside the counseling sessions and regular business hours.

IV. OTHER INFORMATION

I am sufficiently informed that there are several other matters about which I have been made aware. These are as follows:

- A. Counselors are required to maintain client records depicting the nature of our work together. These records do not become a part of my student record. Clients are entitled to review these records, however, and because the contents (i.e., abbreviations, test data, diagnostic nomenclature, etc.) can be misleading and potentially misinterpreted, I agree that a review of the record shall be done with the counselor. If I choose not to involve the counselor in a face-to face record review, I shall authorize a licensed mental health professional (per release of information) to receive the record so I can review the data with them. My licensed designee and I shall conservatively remain cautious when interpreting data that might be clinically obsolete.
- B. I accept that the AUM Counseling Center shall not release correspondence or documentation that has been received from any other licensed professional (i.e., physicians, mental health counselors, attorneys, judges, teachers, hospitals, etc.) unless ordered by a court to do so or by signing a release allowing him/her to do so.

- C. I am informed that each and every client participating in group counseling must sign (or have their parent, guardian, or legal designee sign for them) this Consent for Counseling.
- D. I am satisfactorily informed that the AUM Counseling Center has limitations in the mental health services that it is able to offer. I understand that the initial 3-4 sessions are meant to assess whether the AUM Counseling Center is the best option for my mental health needs. If not, I understand that I may be referred to a community mental health provider for further assessment, consultation and/or on going treatment if that is considered the most appropriate course of treatment.
- E. I understand that I must be actively enrolled in classes in a degree program to receive services at the AUM Counseling Center. I am further informed that sessions are limited to three to five counseling sessions per semester.
- F. I understand that it is the responsibility of the counseling center to support the overall mission of the university in providing a safe environment in which students may pursue their academic goals. I am aware that if my counselor perceives that I may be a threat in any way to the university environment; my counselor may consult other counselors as well as other members within the university system as needed. Furthermore, if I am referred to counseling for an assessment I must complete 3-4 sessions, as my counselor determines necessary, as is the standard number of sessions for assessment.
- G. I am satisfactorily informed that psychotherapy may involve the risk of remembering unpleasant events and can arouse intense emotions such as fear or anger. Intense feelings of anxiety, depression, frustration, resentment, or loneliness may also result. If these emotions are noticed and especially if I feel as if I might harm others or myself, I agree to immediately notify my counselor or local emergency services (i.e. law enforcement or emergency room, etc.). I understand that the counselors at the center are not available 24 hours a day and I agree to utilize my own support system outside counseling center hours.
- H. I am satisfactorily informed that my counselor is not a physician and cannot ethically or legally advise about specific medication or prescribe medication or perform common medical procedures. If I feel that medication is needed or if medical intervention is immediately necessary, I will contact my physician or seek assistance from the nearest hospital's emergency room as promptly as possible.

CONTRACT

I have read, I satisfactorily understand, and I am sufficiently informed of the limitations, the policies, and the alternatives to counseling and consultation services with AUM Counseling Center. I hereby consent to all above conditions, and agree to abide by each of them and I independently elect to proceed with counseling or consultation services with AUM Counseling Center, as noted below by my signature.

Finally, if I notice, perceive, or feel that there is any conflict, deviation, discrepancy, problem or misunderstanding on the part of my counselor, the center staff or clinical associates with regard to any portion of this Informed Consent document, I agree to personally voice or register any concern(s) or complaint(s) in person or by written (not electronically – e.g., by phone) form as promptly as possible, so the Center may be given an opportunity to most swiftly resolve, explain, or otherwise address any matters potentially compromising or detracting successful treatment of evaluative outcomes.

Thank you for reading, asking questions, or consulting with any necessary parties (e.g., your attorney) before signing this lengthy and comprehensive document. As the title suggests, the AUM Counseling Center intends for you to be as informed as possible about the complex issues surrounding counseling or consultation in advance of consenting to the same. A copy of this document will be provided to you:

Client Name (Please Print)

Client Signature

Date

Witness Signature

Date

Appendix D: Service Record

Appendix E: Termination Summary

AUM COUNSELING CENTER

Termination Summary

Client Name: _____

Number of Sessions Kept: _____ **Final Session Date:** _____
(month/date/year)

Counselor: _____

Reason for Termination (Center/Client/Group terminated; treatment completed; client relocated; client dropped out):

Client Progress towards Goals:

Recommendations/Referrals:

Signature of Counselor

Date

Appendix F: CLIENT INFORMATION RELEASE
AND/OR REQUEST AUTHORIZATION

Appendix G: Formal Referral for Counseling Assessment

Formal Referral for Counseling Assessment

It is a policy of the AUM Counseling Center that any requested service for student assessment is made in writing and will include 3 or 4 sessions as determined by the counseling team. An assessment may be made due to concern by others in the AUM Community for inappropriate behavior or comments noted in the classroom or elsewhere on campus, or reports by other students experiencing distress for one's physical and/or emotional safety due to another student's behavior. Also, if a student is disruptive and interfering with other students' freedom to pursue their academic endeavors in a healthy manner, an assessment may need to be completed.

Documentation is necessary to request a referral and it is recommended that the individual requesting an assessment also report to appropriate administration and meet with counseling center to discuss all factors relating to the need for assessment. Please provide documentation including observations of behaviors, specific comments made by the individual, and an outline of the events which prompted this referral of the below-named individual.

We appreciate your care and concern. Please know that your referral will be dealt with in a timely and professional manner.

Student Name: _____

Student ID No: _____ Gender: _____ Age: _____

Ethnicity: _____ Class Year: _____ Major: _____

Part/Full Time: _____ Commuter/Resident: _____

Name of Person Requesting Assessment: _____
Print

Name of Person Requesting Assessment: _____
Signature

Date of Assessment Request: _____

Contact No. _____

Additional Information:

Appendix H: Response to Formal Referral for Counseling Assessment

AUM Counseling Center Services
Response to Formal Referral for Counseling Assessment

Referring Person: _____ Department _____

Student: _____

Student ID: _____ Date: _____

This form is a confidential document and is only meant for the person it was sent to. If anyone other than the person it is addressed to gets this, please contact the AUM Counseling Center immediately and return this document.

Yes, this student completed the assessment process.

Date of completion: _____

Recommended Follow-up:

- Continue counseling at the AUM Counseling Center.
- Referred to a therapist in community.
- Referred for psychological assessment.
- Other action needed.

Comments: _____

No, this student is non-compliant with assessment request.

Missed appointments: _____

Comments: _____

Recommend student schedule a medical or other evaluation.

Comments: _____

Please contact AUM Counseling Center before the client's next appointment

Comments: _____

Completed By

Date

Appendix I: Failure to Meet Appointment Letter

AUM COUNSELING CENTER

**7400 East Drive
Room 319, Taylor Center
Auburn University Montgomery
Montgomery, AL 36117**

Dear

It appears that circumstances have prevented you from meeting the appointment on _____, at _____. Please contact the AUM Counseling Center if you are interested in rescheduling the appointment. If we do not hear from we will assume that you are not interested in further counseling services at this time. In that event, please feel free to call again in the future if I can be of service to you.

Please feel free to contact me if you have any questions.

Sincerely,

Appendix J: File Closure Letter

AUM COUNSELING CENTER

**7400 East Drive
Room 319, Taylor Center
Auburn University Montgomery
Montgomery, AL 36117**

Dear _____ :

This letter is to inform you that your file has been closed since you are no longer attending regular counseling sessions. I hope that you have made significant progress so that our services are not necessary at this time. However, if in the future you would like to return to counseling, please feel free to contact the AUM Counseling Center to set up an appointment.

Respectfully,

Appendix K: New Client File Setup

New Client File Setup

A uniform file set up is being established to increase the continuity in our filing system. Beginning November 2007 all files are to be set up as follows.

File Label

- 1) All client files should have a typed label. Print this information using the instructions for printing labels given to each counselor by the coordinator. Each client will have a client number assigned from the Master Client List. The typed list will be kept on the computer. The client's information will be listed on the Master Client List by the front office staff. It is VERY important that the new client's name is listed on the master client list as soon as they come in because the list is based on the date the client begins their sessions.

LAST NAME, First Name # Client Number
Start Date

- 2) The label should be placed on the file as soon as possible.

File Folders

- 1) The files with brackets at the top of the right and left side of the folders should be used. The file should be set up as follows:

Left Side of Front of File

First page: Service record

Second page(s): Handouts and suggested reading form if used.

Termination Summary should be placed over the Service Record when file is closed. If file is reopened place Termination Summary under Service Record.

Right Side of File

First page: (top page) Client Intake

Left Side After Divider

First page: Original Signature page of informed consent (client gets a copy)

Second page(s): Any releases or contracts (Information recording)

Third page(s): Any correspondence pertaining to the client.

Right Side of Back of File

First page: Progress notes placed in folder with most recent notes on top.

Following page (s): Client work

- 2) Use the two-hole punch to place holes as needed. To allow pages to fit easily and not hinder the opening and closing of the file it is suggested the guide be placed at 8 for pages to be inserted on the left side of the folder and placed at 9 for pages to be inserted on the right side of the folder. Otherwise the pages will be bent as the file is closed. The hole punch has the settings marked with an R or L depending on which side of the file the items should be placed.
- 3) Files in individual counselors file drawer should be kept in alphabetical order for ease of locating information if necessary.