



## **The Mico University College Informed Consent Form for Counselling**

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Welcome to Counselling! Congratulations! Making it through our door is not an easy step for many persons. Engaging in counselling takes a lot of courage and provides you with the opportunity to discover much about yourself. For many individuals, this will be your first experience with counselling, and we believe it is important to be clear and transparent about what counselling is, and what Guidance and Counselling looks like at The Mico University College. Please read through the attached materials carefully and I will discuss any questions that you have. Next, I will ask that you sign the form once we have discussed it so that I will have on record that you read and had the opportunity to discuss the information with your counsellor.

### **About Counselling: Some Risks and Benefits**

Counselling is different than talking to a friend or family member. Our conversations have specific goals, and although your counsellor will be supportive, they also will challenge you. Sometimes you might feel annoyed, tired, or upset following a session. This can happen as you are processing new ways of thinking or because you have spoken about something that has been upsetting to you. As a result of counselling, you may experience changes in your relationships or beliefs that have unexpected results. Usually, these changes are positive in the long – term, but it may be difficult to experience as they are occurring. Your counsellor may suggest trying specific techniques in counselling (i.e., relaxation exercises). If you have any questions about these techniques, it is important you ask. It is also important to know you have the right to stop any exercise at any time during the session. Counselling is one form of treatment for client problems- other forms include medications for psychological symptoms, church groups, and physical activity (e.g., exercises). Feel free to ask your counsellor for referral information.

### **The Relationship with Your Guidance Counsellor**

The relationship you have with your counsellor is different than other relationships. You will be sharing important details with your counsellor, but you will know little about her. This can be difficult sometimes, but as a professional, your counsellor is part of an association that has rules about the types of interactions they are allowed to have with clients. Your counsellor is prohibited from engaging in a “dual relationship” with you, or anyone other than that of client and therapist. As part of these rules your counsellor:

- Cannot have any other kind of business relationship with you besides the therapy itself.
- Cannot be your therapist if they are related to you or if they are your friend.
- Cannot give legal, medical, financial, or any other type of professional advice.

### **Counselling & Confidentiality**

Except in specific situations, you have the right to confidentiality in your counselling. Your counsellor cannot tell other people about your counselling. This means that I cannot speak to your friends, parents, lecturers, spouse etc., without your permission. If you would like me to share information with other people, such as an academic advisor or doctor, you must give written permission. Legally, I may need to share my concerns with others if I have concerns about safety. Your counsellor is legally bound to break your privacy if I believe:

- You are in imminent danger of harming yourself or know of another person in harms way
- You will harm another person
- A child (age 0-18) is being abused, neglected or is a witness of abuse
- A dependent adult is being harmed or abused
- If your record is subpoenaed. The counsellor may advocate limiting the information admissible, but the court can access your file.

## **Release of Information Forms**

Should you wish to discuss your situation with another individual or agency, you will need to complete a release of information form stating who your counsellor is allowed to speak with and the type of information I can release.

## **Your File**

When you contact the Counselling Services, a file will be started with your identifying information (name, student ID) on it. This file will include:

- a copy of your transcripts (in selected cases)
- your intake form
- consent to release information form
- consent to participate in counselling form
- copies of any letters written on your behalf
- case notes

## **TELEHEALTH SERVICES**

This informed consent contains important information focusing on providing healthcare services using the phone or the Internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

### **Benefits and Risks of Telehealth**

Telehealth refers to providing services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telehealth is that the patient and clinician can engage in services without being in the same physical location. This can be helpful particularly during the Coronavirus (COVID-19) pandemic in ensuring continuity of care as the patient and clinician are in separate locations or are otherwise unable to continue to meet in person. It is also more convenient and takes less time. Telehealth, however, requires technical competence on both our parts to be helpful. Although there are benefits of telehealth, there are some differences between in-person treatment and telehealth, as well as some risks. For example:

- Risks to confidentiality. As telehealth sessions take place outside of your counsellor's office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end, I will take reasonable steps to ensure your privacy. It is important; however, for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- Issues related to technology. There are many ways that technology issues might impact telehealth. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
- Crisis management and intervention. Usually, I will not engage in telehealth with clients who are currently in a crisis requiring elevated levels of support and intervention. There may not be an option of in-person services presently, but in a crisis, you may require higher level of services. Before engaging in telehealth, I will develop an emergency response plan to address potential crisis situations that may arise during the course of telehealth work.

### **Electronic Communications**

You may have to have certain computer or cell phone systems to use telepsychology services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telehealth.

For communication between sessions, I only use email communication and text messaging with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages with my office should be limited to administrative matters. This includes things like setting and changing appointments, and other related issues. You should be aware that I cannot guarantee the confidentiality of any information communicated by email or text. Therefore, I will not discuss any clinical information by email or text and prefer that you do not either.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should feel free to attempt to reach me by phone. I will try to return your call within 24 hours except on weekends and holidays. If you are unable to reach me and feel that you cannot wait for me to return your call, and if you need immediate attention, contact your family physician or the nearest emergency room.

### **Confidentiality**

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of telehealth services. The nature of electronic communications technologies, however, is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telehealth sessions and having passwords to protect the device you use for telehealth).

The extent of confidentiality and the exceptions to confidentiality that I outlined in my Informed Consent still apply in telehealth. Please let me know if you have any questions about exceptions to confidentiality.

### **Appropriateness of Telehealth**

During this time, it may not be possible to engage in in-person sessions to “check-in” with one another. I will let you know if I decide that telehealth is no longer the most appropriate form of treatment for you. If you decide telehealth is not optimal for you, it is important to let me know.

### **Emergencies and Technology**

Assessing and evaluating threats and other emergencies can be more difficult when conducting telehealth than in traditional in-person treatment. To address some of these difficulties, we will create an emergency plan before engaging in telehealth services. If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-connect you via the telehealth platform on which we agreed to conduct treatment. If I do not connect via the telehealth platform within two (2) minutes, then call me on the phone number I provided you (876-564-8915).

### **Records**

The telehealth sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

### **Complaint Procedure**

If you have a concern about your counselling, I hope you will talk to your counsellor. I take criticisms and suggestions seriously and will try to respond with care and respect.

### **Client Consent to Counselling**

- I have read the personal Counselling Informed Consent document, had sufficient time to consider it carefully, asked any questions that I needed to, and understand it.
- I understand the limits to confidentiality required by law, and those indicated by my counsellor. (initial)

- I understand that if I threaten to harm myself, others, and/or a child/dependent adult, my counsellor is required to protect these individuals at the expense of protecting my privacy.  
(initial)
- I understand my rights and responsibilities as a client, and my therapist's responsibilities.
- I am over the age of eighteen or have been designated a mature minor.
- I understand that I have the right to talk openly and honestly with my counsellor and will try to provide my counsellor with feedback about how I think counselling is working.
- I will do my best to attend scheduled appointments even if I do not always feel like it. If I cannot attend an appointment, I will contact my counsellor prior to the appointment to cancel or reschedule. If I am late for an appointment, I understand it will still end at the original time.
- I agree to engage in counselling under the conditions outlined in this document.

<small>Print name</small>	<small>Enter signature</small>	<small>Enter date</small>
Client Name	Signature	Date

- I, the counsellor, have discussed the issues within this consent with my client
- My observations of this person's behaviour and responses indicate that this person understands the rules and provisions of counselling as set out above and is competent to give informed and willing consent at this time.

<small>Enter signature</small>	<small>Enter date</small>
Signature of The Mico University Guidance Counsellor	Date