



INFORMED CONSENT FOR SERVICES

I _____, have fully discussed with the psychological counselor, whose name appears below, the various aspects of services offered by the Center for Counseling and Human Development. I have received and read "What You Should Know About the Center for Counseling and Human Development" and the "Privacy Notification Form" and had an opportunity to ask questions and receive further explanation.

The limits of confidentiality have been carefully explained. Furthermore, I understand that the Center's faculty may consult with one another and university health professionals regarding clients for the purpose of diagnosis, treatment planning, or professional supervision. All consultation will be conducted in accordance with the professional standards of the American Psychological Association and the American Counseling Association. Information I provide (e.g., age, gender, type of problem) may be combined and collected anonymously to evaluate Center services. No personally identifying information will be released in this process.

I understand that in order to serve the developmental needs of the total student population at Bloomsburg University, the Center for Counseling and Human Development may employ a waiting list for services as well as impose limits on the types and amounts of services provided. Referrals to agencies outside the University may be made by the Center when it is unable to provide appropriate or timely services. A student may request a referral at any time.

I have read the above and fully understand the dimensions of this informed consent statement and wish to receive services.

Student Signature

Date

Psychological Counselor Signature

Date

Adopted 9/1990; Revised 10/4/2019