

Welcome to UT Educational & Behavioral Counseling Services in Chattanooga. This document contains important information about professional services and business policies. It is very important to read and understand this document. When you sign this document, it will represent an agreement between you, the counselor, and the University. Questions at the time of signing or any time in the future can be discussed.

### **UT Educational & Behavioral Counseling Services**

Counseling is a relationship that involves both risks and benefits. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, or frustration because the process often requires discussing the unpleasant aspects of your life. However, benefits are that the process often leads to a significant reduction in feelings of distress, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you and your therapist talk about both during and between sessions. Generally, the more of yourself you are willing to invest, the greater the return.

An initial comprehensive evaluation is typical. A brief model informs treatment so that goals are specific and attainable and attention is focused primarily on the present rather than the past. A counseling session may be scheduled for 30 or 45-50 minutes in length and may occur weekly, biweekly or monthly. Appointments are reserved for the client; however, crises or other unforeseen circumstances may occur and on occasion, a session may be interrupted. **In the event that this occurs, the session will be rescheduled. Sessions begin and end as scheduled regardless of arrival time. Clients who need to cancel and/or reschedule an appointment should provide at least 24 hours' notice.** Clients have the right to terminate counseling at any time. Counseling services are available to all medical and PA students rotating on the Chattanooga Campus, as well as to all UTCOCMC Residents, Fellows, and administrative employees of the University. There is no limit on the number of sessions.

### **Confidentiality**

Confidentiality is a cornerstone of counseling. It is similar to attorney-client privilege in that information obtained during appointments is only released at the request of client(s) or if there is a risk to client or the community (*i.e.*, suicide risk/attempt, emergency department evaluation and/or a threat to themselves or others.) If there is a risk, information may only be shared that aids in obtaining ongoing care and ensuring safety.

**The following are legal exceptions to your right to confidentiality. You will be notified when these are deemed to be in effect.**

1. In the event there is good reason to believe that you are in imminent danger of harming or killing yourself confidentiality will be broken and steps to ensure safety will be taken, up to and including contacting LifeBridge Chattanooga (423.591.9830), 24/7 Crisis Support Line (855.CRISIS1 or 855.274.7471), Erlanger Security (423.778.6911), and/or designated UTCOCMC administrative staff (423.778.6956 or 423.778.7442). Transport for further evaluation may be required.

2. In the event there is good reason to believe that the safety of others including colleagues and/or patients is at risk, steps to ensure the safety of others will be taken. Confidentiality may be broken and LifeBridge Chattanooga (423.591.9830), 24/7 Crisis Support Line (855.CRISIS1 or 855.274.7471), Erlanger Security

(423.778.6911), and/or designated UTCOCMC administrative staff (423.778.6956 or 423.778.7442). Transport for further evaluation may be required.

3. In the event there is good reason to believe that a child, elder or vulnerable adult is being abused or neglected, or when information about someone else engaging in this behavior is provided, a legal requirement exists to inform Child Protective Services and Adult Protective Services immediately.

4. In the event **medical records** are subpoenaed for legal matters via a court order, confidentiality may be legally broken. Steps will be taken to not release information without prior signed consent.

### **Records**

Records of counseling services provided are required. Counseling records and individual documents are maintained electronically, are password protected and accessible by counseling staff only. Client records will be kept for *at least* seven (7) years after the date of the last contact with our department. Clients have the right to: (1) request that errors in records be corrected, (2) a copy of their records, (3) request a copy of records be made available to other providers with a written request and (4) restrict certain disclosures to health plans/insurance if payment for services is made by client in full. Under the Federal Health Insurance Portability and Accountability Act (HIPAA), your private health information (PHI) is protected. The law insures the confidentiality of all electronic transmission of information. Clients direct what information is shared and with whom the information is to be shared. Permission may be revoked at any time.

### **Contact**

Confidentiality and privacy associated with fax, e-mail and cell phone communication is relatively easily compromised. This awareness should guide methods of contact. Telephone contact is not often immediately available. Messages may be left therapist and calls will be returned as soon as possible.

In the event that you feel unable to keep yourself safe:

1. Contact the GME office or Lucy White directly during regular hours.
2. Go to the local Hospital Emergency Department.
3. Call 911 and explain your emergency.

**Do not use e-mail or faxes in emergency situations.**

### **Other Rights**

In the event of concerns regarding service provision, you are encouraged to speak with the counselor such that your concerns may be addressed. Comments will be taken seriously and handled with care and respect. In the event that concerns continue, you may request to speak with the Assistant Dean of Well-Being and Medical Student Education or the Dean of the UTCOCMC. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

**Consent to UT Educational & Behavioral Counseling (on the following page)**



**Consent to UT Educational & Behavioral Counseling**

I, \_\_\_\_\_, have read this Agreement, had sufficient time to consider it carefully, ask any questions needed and understand it. I understand the limits to confidentiality required by law and institutional policy. I agree to the policies related to receiving service and agree to participate in counseling with UT Educational & Behavioral Counseling Services. I enter into this agreement voluntarily with competency and understanding and knowledge of potential outcomes.

Signature of Client/Patient

Date

(Printed Name of Client/Patient)

**Lucy White, MEd, LPC-MHSP, Counselor**  
(Name of Counselor)

Date

Complete this form. Save the file as a pdf and sign electronically. Then email to [Lucy.White@erlangers.org](mailto:Lucy.White@erlangers.org).

Or you can print the blank form, complete, sign and either email to [Lucy.White@erlangers.org](mailto:Lucy.White@erlangers.org) or give her a printed copy of the form prior to treatment.