

National Chung Hsing University
Individual Counseling Consent Form

Please read the following statements thoroughly. If you have any concerns, please ask our counseling staff.

1. What is Counseling? It is a process that assists you in self-understanding and exploration. During this process, you will gain understanding of your concerns from multiple perspectives. Our counselors will also work with you to find a better solution to your problems and promote self-growth.
2. How to engage in Counseling? Counselor and clients engage in a collaborative relationship. This is your counseling session, so you have the right to decide what topic you want to work with, as well as, the priority and depth of the counseling session. Counselor's job is to assist you; at the same time, your willingness to open yourself and change plays an important role in counseling.
3. Our staff:
 - (1) Licensed Psychologist/Counselor: In addition to licensed psychologists on staff, we also have professional with expertise in counseling or related field.
 - (2) Psychology Intern: Our center is an accredited site for Psychology Internship. Each year, we train a couple of psychology interns; they are graduate students in counseling or related field. Their training period is within a span of one year, during this time, they provide counseling service under the supervision of a licensed psychologist.
4. Fees: Our center offers counseling service free of charge to staff members and students.
5. Time of Counseling:
 - (1) Individual counseling requires that you make an appointment in advance. We do not take walk-in appointment with the exception of emergency and crisis situations.
 - (2) Counseling sessions are typically weekly and 50 minutes per week, but we provide special accommodation with certain situations.
 - (3) 8-10 counseling sessions are available per semester, but we can adjust the number of sessions accordingly if special situation arises.
 - (4) If you do not show up for counseling or cancel your appointment for three times, our center will not be able to reserve your counseling session any further and will give this time period to other students in need.
 - (5) If you make an appointment in counseling, but cannot make it, please notify our center an hour before your scheduled appointment. You can either call (04-22840241) or cancel in person at our service counter.
6. Confidentiality

(1) You have the right to confidentiality. Our center and counselors are responsible for keeping your record confidential, with exceptions described below:

- If I you are in imminent danger of harming yourself and others, we may break confidentiality and inform related personnel and individuals.
- We are required by Law to report any violations of certain law and regulation, such as Sexual Assault Prevention Act, Gener Equity Education Act, Domestic Violence Prevention Act, Protection of Child and Youth Welfares and Rights Act, Physically and Mentally Disable Citizens Protection Act, etc.

(2) If you are referred by professors or parents for counseling, our center is obligated to provide them with information such as whether you stay in counseling, number of counseling sessions, assessment of your condition, etc.

7. Termination and Referral

(1) You have the right to end counseling at any time, but please meet with your counselor one last time for termination.

(2) If your availability cannot meet that of your counselor's, or if another counselor is a better match for you, after everyone involved reach a mutual agreement, we can arrange a new counselor for you.

8. Supervision

(1) In order to improve the service we provide, our counselors periodically receive supervision from experienced professional to discuss counseling process and skills. During such process, your information will remain anonymous.

(2) If your counselor under supervision needs to record your session for training purposes, he or she will ask for your consent and sign a separate consent form for that.

9. Other: for all other inquiries, please refer to Practice of Psychology Act and related regulation.

I have read this consent form thoroughly and understood the content presented to me. Here I agree to receive the service provided by Health and Counseling Center.

Your Signature: _____

Date: _____

Counselor Signature: _____

Date: _____

(This consent form has two copies, one is for you to keep, and the other one remains in your record)