



Counseling Center

201 Student Services I
Irvine, CA 92697-2200
(949) 824-6457 (Office)
(949) 824-6586 (Fax)
www.counseling@uci.edu

Informed Consent for Counseling Services

Name: _____ Date: _____

Services and staff. I understand that the University of California, Irvine’s Counseling Center is a professional agency offering a wide range of counseling services, and that these services are provided by psychologists, graduate-level interns and field placement students. In all cases, trainees are supervised by a licensed mental health professional or a team that includes a licensed mental health professional. In addition to providing direct counseling services, this agency provides training, consultation, and engages in research.

Confidentiality. I understand that all information disclosed within sessions is confidential and may not be revealed to anyone outside the Counseling Center without my written permission. The only exception is in situations where disclosure is required by law:

1. if I present an imminent threat of harm to myself or to others,
2. when there is an indication of abuse of a child, dependent adult, or elderly adult
3. if I become gravely disabled, and
4. by court subpoena.

E-mail. With respect to electronic mail (e-mail), I am cautioned that e-mail is not a confidential means of communication. Furthermore the Counseling Center can not ensure that e-mail messages will be received or responded to if my counselor is not available. I understand that e-mail is not the appropriate way to communicate confidential, urgent, or emergency information. Therefore, I am encouraged to come to the Counseling Center or phone at (949) 824-6457 during open hours and call the UCI Police at (949) 824-5223 if I have urgent needs when the Counseling Center is closed.

Digital recording: I understand that my interviews may be digitally recorded for the purpose of continued staff training and clinical supervision. The recordings are treated confidentially and are deleted after they are used. Any concerns I have about recoding will be addressed by my counselor. I will never be recorded without my permission.

Risk and benefits. I understand that there is a possibility of risks and benefits which may occur in counseling. Counseling may involve the risk of remembering unpleasant events and may arouse strong emotional feelings. Counseling can impact relationships with significant others. The benefits from counseling may be an improved ability to relate with others; a clearer understanding of self, values, goals; increased academic productivity; and an ability to deal with everyday stress. Taking personal responsibility for working with these issues may lead to greater growth.

Eligibility, appropriateness and referrals. I understand that my eligibility for service in this agency is contingent upon my status as a fully enrolled or continuing UCI student. The delivery of services from this agency to me shall be contingent upon whether the Counseling Center staff and I can agree that the services are appropriate given the needs and conditions I present. If it is decided that this is not the appropriate agency to meet my needs, I understand that I will be given referrals to resources more appropriate to my needs and goals.

I HAVE HAD THE OPPORTUNITY TO DISCUSS ANY QUESTIONS I HAVE ABOUT THIS INFORMATION:

Client’s Signature: _____ Date: _____

I HAVE DISCUSSED THIS INFORMATION WITH THE CLIENT:

Staff Signature: _____ Date: _____