GENERAL POLICY INFORMATION FOR STUDENTS

CONFIDENTIALITY

Information shared by you in a counseling session will be treated with the strictest confidentiality, and will not be disclosed without your permission, except when, in the judgment of the clinician, such disclosure is necessary to protect you or someone else from imminent physical or psychological danger. This may include reporting a person who is at risk of harming self or others to the Director of Community Services as required by the New York State SAFE Act. This report could result in the requirement to relinquish all firearms in the near future and may prevent approval of future firearm applications. In addition, clinicians must also surrender client records to a court if subpoenaed by a judge. In cases of formal complaint against the College Counseling Center confidentiality may be waived in order to demonstrate acceptable practice standards were adhered to. While information will not be released to an outside agency without your written permission, professionals confer within the center in order to improve services for you.

GENERAL POLICY

The Potsdam College Counseling Center is a short-term counseling service. Your first appointment is for information gathering purposes and the therapist you see for the intake session may not be the one with whom you continue. Students may be referred off campus for care for one or more of the following reasons: students needed a higher level of care; student who fall outside of clinical expertise of staff (i.e. forensic threat assessment, substance abuse, etc.); students for whom a short term model would be detrimental; and/or students who engage in harassing, violent, or threatening behaviors towards staff. It is your responsibility to follow through with treatment referrals.

MEDICAL CONSULTATIONS

Clinicians comprising the SUNY Potsdam Counseling Center are a Psychiatrist and Licensed Mental Health Counselors (LMHC). The legislative statute that empowers New York State LMHC's requires them to have anyone they are treating in a clinical setting seek a medical consultation/evaluation if the individual exhibits characteristics that are representative of the following: schizophrenia, schizoaffective disorder, bi-polar disorder, obsessive-compulsive disorder, major depressive disorder, panic disorder, attention-deficit hyperactivity disorder and autism. The treating clinician must then consult with the medical consultant on their conclusions and recommendations for treatment. Students are NOT REQUIRED to follow such recommendations. Signing this document acknowledges that you are aware of this clinical practice.

KEEPING AND RESCHEDULING APPOINTMENTS

We have limited number of staff hours and a high demand for service. We ask your cooperation in using our time effectively. As much as possible, keep your appointments at the time scheduled. If you need to cancel or reschedule an appointment, please inform us at the earliest possible moment. **NOTE: IF YOU ARE MORE THAN 10 MINUTES LATE (or 5 MINUTES FOR PSYCHIATRIST) FOR ANY SCHEDULED APPOINTMENT, YOU WILL BE ASKED TO RESCHEDULE!

FEES

You will be charged a $20.00 fee:

1. If you fail to attend a scheduled appointment;
2. If you are 10 minutes late (or 5 minutes for psychiatrist);
3. If you do not provide notice by 3:00 PM the day prior to your appointment for cancellation or rescheduling (If you have an appointment on Monday you must call by 3:00 PM Friday).

You have the right to appeal this charge. If you wish to do so, you must submit an appeal request form with our office within 2 weeks from the date of your missed appointment.

IF YOUR PARENTS/GUARDIANS SEE YOUR STUDENT BILL THEY WILL SEE THIS CHARGED AS “Counseling No Show Fee”.

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