Confidentiality

By law, everything discussed with a Licensed Professional Counselor (LPC) within a counseling session remains confidential, with only a few exceptions. A client must give signed permission before an LPC can share information with anyone about any aspect of counseling, including whether or not a student has made an appointment. This includes, but is not limited to, family, spouse, romantic partners, friends, co-workers, employers, professors, or university officials outside the Student Counseling Center, even if the student was referred by this person. No information becomes part of a student's academic record. For consultation purposes, counseling staff within the department may consult with each other to provide the best possible professional services. The consultant is, of course, also legally bound to keep the information confidential.

If a client does give permission, they will have an opportunity to specify who should receive information, what information they are allowed to receive, the purpose for which they may use the information, and the period of time which they are granting permission.

The common situations in which a client may give permission include:
- A new counselor wanting to use records from a previous counselor to provide continuing care
- Attendance only information for a referring faculty or staff
- Collaboration with another agency or professional in a client’s treatment

The following situations override confidentiality:
- Information disclosed about the physical, emotional, or sexual abuse of a minor (17 years or younger) must be reported to Child Protective Services (CPS).
- Information disclosed about the physical, emotional, or sexual abuse of an elderly person or a person with a disability must be reported to state officials.
- Information disclosed about a person from whom you sought counseling in the State of Texas behaving toward you in a sexually inappropriate manner must be reported (your identity may remain anonymous at your request).
- If a client is involved in a criminal case, the judge can order the file to be turned over to the court.
- If a client makes statements that indicate intention to harm self or others, the counselor may report that information to medical or law enforcement.

These situations rarely arise. Should such a situation occur, a counselor will make every effort to fully discuss it with a client before taking any action.

Records Maintenance

An LPC is required to keep records of counseling sessions for a period of five years after the date of your last session. These records include dates of treatment, case notes, correspondence, and progress reports.

If a counselor leaves the university for any reason, all files and records will be maintained by the University of Texas at Tyler Student Counseling Services. At this time, another licensed mental health professional in Counseling Services will take possession of these files and records and provide clients with copies upon request, or deliver them to a therapist of the client’s choice.

Notice of Supervision

Kimberly Harvey-Livingston, MS, LPC-S

Supervisor for:

Chris Eaton, BA, Graduate Student Intern       Cortez Harvey, BA, Masters Level Intern
Consent Form (If under 18-yrs-old, must be signed by parent or guardian)

By signing this consent form, I confirm that:

1. I have read and understand the material regarding confidentiality and its limitations, records maintenance, notice of supervision and the brochure “Student Guide to Services: Client Information.”
2. I give my permission and consent to receive evaluation and treatment through UT Tyler Counseling Services.

Student’s Printed Name: _________________________________________ Date: _____________________

Student’s Signature: ____________________________________________

Parent/Guardian Signature: _______________________________________

Optional Consent

None of the following consent options are necessary in order for you to receive counseling services. You cannot be terminated as a client based on your election to revoke your permission for any of the below options at any time. To revoke consent please notify Counseling Services in writing of your intention to revoke.

Danger to Self or Others:
In the event that my therapist reasonably believes that I am a danger to myself or another person, I specifically consent for my therapist to contact the following persons, in addition to medical and law enforcement personnel:

Name & Relationship: _______________________________ Phone: ______________________

Student’s Printed Name: _________________________________________ Date: _____________________

Student’s Signature: ____________________________________________

Faculty/Staff Referral:
The faculty/staff member who referred me to this office, ______________________________, may be informed that I have made an appointment for counseling.

Student’s Printed Name: _________________________________________ Date: _____________________

Student’s Signature: ____________________________________________

Permission to Record Session(s):
I understand that my counselor may currently be under supervision; therefore I agree that my session(s) may be audio/video taped for training purposes. The purpose of these recordings is to provide the most effective counseling possible and to provide the staff with instruction, supervision, and feedback. Taped material will be restricted to the internal use of Counseling Services. The confidentiality of all such materials will be safeguarded and taped materials will be erased by the end of my treatment. I understand that I may revoke this consent at any time.

Student’s Printed Name: _________________________________________ Date: _____________________

Student’s Signature: ____________________________________________