



**Otis College of Art and Design  
Student Counseling Services**

**OFFICE POLICIES AND CONSENT FORM**

Please read the following information carefully and discuss any questions you may have with your therapist/counselor, if you would like a copy of this document for your records, please request one from your counselor.

**Appointments and Services:** Except for emergencies, students must make an appointment to see a therapist/counselor. This may be done in person or by calling Fred L. Barnes, Ph.D., Director of Student Counseling Services at (310) 665-6968 or (310) 846-2584. Therapists/counselors are available Monday to Friday from 8:30 to 5:00 p.m.

The Otis Student Counseling Services Center is also, established to provide training for graduate students (trainees/interns); and to provide a setting for research. Trainees/interns are carefully selected and closely supervised by licensed professionals. As a part of training, some counseling sessions may be audio-taped, video-taped and/or observed. This will only be done with the counselee's knowledge and consent. Occasionally, staff may request information for research purposes. Such procedures will be fully explained and the counselee will always have the right to decline to participate. As with all information, research data are confidential.

Sessions are typically conducted once a week for 45-50 minutes. Student Counseling Services provides short-term therapy and can make referrals to community resources for open-ended or longer-term therapy depending on a student's needs.

**Confidentiality and Records:** All communications between you and your therapist/counselor are strictly confidential and may not be disclosed to anyone outside Student Counseling Services without your written authorization. However, there are some situations in which disclosure is permitted or required by law, without your consent or authorization:

- If the situation involves a serious threat of physical violence against an identifiable victim, your counselor must take protective action, including notifying potential victim and contacting the police.
- If your therapist/counselor suspects the situation presents a substantial risk of physical harm to yourself, others, or property he/she may be obligated to seek hospitalization for you or to contact family members or others who can help.
- If your therapist/counselor suspects that a child under the age of 18, an elder, or a dependent adult has been a victim of abuse or neglect, the law requires that he/she file a report with the appropriate protective and/or law enforcement agency.

- If you are involved in a court proceeding and a request is made for information about the services provided to you, the counseling office may be required to provide information in the event of court order or subpoena.

If such a situation arises, your therapist/counselor will make every effort to fully discuss it with you before taking any action. Disclosure will be limited to what is necessary in each situation.

**Treatment of Minors:** Those under the age of 18 can consent to services subject to the involvement of a parent or legal guardian. A consent form for services, signed by a parent or legal guardian, is required for a minor to receive services. A minor's parents or legal guardians may, by law, have access to the minor's records, unless it is determined by your therapist/counselor that such access would have a detrimental effect on the therapist's/counselor's professional relationship with the minor or if it may jeopardize the minor's physical or psychological well being. Every effort will be made to discuss all disclosure to parents or legal guardians with minors in advance.

**Prior Counseling Experience:** If you have had prior counseling, please inform your therapist/counselor. With your permission, the therapist/counselor may wish to obtain a summary of your previous treatment from your former therapist/counselor.

**College Calendar:** The counseling office will be closed when the college is closed. No psychological services will be provided at these times.

**Referrals for Emergency Services:** The counseling office is not equipped to provide emergency psychological or psychiatric services. Students needing such services will be referred to more comprehensive centers in the community.

**Cancellation Policy:** Please call to cancel a session 24 hours before the scheduled appointment.

**After Hours and Emergency Contact:** Should you need to contact your therapist/counselor after business hours, you may leave a voice mail message at the student counseling Services' office (310) 665-6968 or (310) 846-2584. Please be aware that presently the Student Counseling Services is unable to provide weekend or 24 hours crisis services. In the event that a student is feeling unsafe or requires immediate medical or psychiatric assistance, he/she should call 911 or go to the nearest emergency room.

**Signature:** My signature below certifies that I have read, understood, and accepted the information in this document and consent to treatment at Student Counseling Services. This consent covers the length of time I am a client of Student Counseling Services.

Client's Name (please print): \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Please check here if client is a minor. The minor's parent or legal guardian must sign unless the minor can legally consent on his/her behalf.

**If client is a minor:** My signature below certifies that I am a parent or legal guardian of the above-named client, that I have read, understood, accepted, and received a copy of this document for my records, and that I consent to treatment of the client by the Otis College of Art and Design Student Counseling Services. This consent is valid until I revoke it or the client reaches the age of 18, whichever occurs earlier.

Parent/Legal Guardian's Name (please print): \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Date: \_\_\_\_\_

Student Counseling Services Representative: \_\_\_\_\_

Date: \_\_\_\_\_

# CHECKLIST

**Instructions:** To help us learn more about how we can best help you, please check (√) the following areas which are current concerns for you and reasons for counseling. Place two check marks (√√) to indicate the most important reason(s) for you at this time.

Feeling inferior to others	Couples or pre-marital counseling
Under too much pressure and feeling stressed	Difficulty concentrating on school work
Feeling down or unhappy	Thoughts of taking your own life
Feeling nervous or anxious	Getting grades that are lower than you want
Feeling lonely	Having difficulty communicating in some situations
Experiencing feelings of guilt	Having difficulty being open/honest with other people
Feeling suspicious of other people	Having a hard time making friends
Afraid of being on your own	Having a hard time keeping friends
Feeling angry much of the time	Difficulty communicating with parents
Feeling homesick/missing home	Feeling pressured by parent's expectations
Feeling down on yourself	Feeling controlled or manipulated by parents
Feeling you don't belong here	Wondering "who I am"
Concerns about finances	Feeling confused about right and wrong
Feeling cut off from your emotions	Spiritual and/or religious concerns
Difficulty expressions feelings/emotions	Difficulty making decisions
Concerns about physical health	Confused about how far to go sexually
Concerns about emotional stability	Feeling guilty about sexual activities
Lacking self-confidence	Confused about what to do with sexual feelings
Feeling fat even if your weight is below average	Difficulties in sexual relationships
Eating and vomiting to control weight	Distress about being attracted to members of your own sex
Use/abuse of alcohol	Feelings relating to having been sexually molested or raped
Use/abuse of prescription drugs	Feeling confused most of the time
Use/abuse of illegal drugs	Difficulty controlling your thoughts
Getting into trouble	Problems with your primary relationship (spouse, boyfriend, girlfriend, partner)
Needing to learn to relax	Problems with living situation (roommates, etc.)
Low self-esteem	Physical complaints (headaches, stomachaches, excessively tired, etc.)
Academic concerns (failing classes, thoughts of leaving school, time management, lack of motivation, etc.)	Domestic violence or intimate partner violence
Grief reactions over a loss	Difficulty separating from home environment
Recent psychiatric hospitalization	Adjustment difficulties (to school, new city/country, etc.)

**Additional Concerns:** if we did not list an item that is a concern for you, please write it in here: