

**CLIENT INFORMATION SHEET**  
**Oklahoma State University**

**Student Counseling Center**  
**316 Student Union**

**(405) 744-5472**

Please provide the following information. This information will be kept in your confidential record and used to facilitate the counseling process.

If SCC needs to contact you, would you prefer:

\_\_\_ A non-identifying voicemail message (“This is Jana, please call me at 744-5472.”)

\_\_\_ A message identifying SCC as the caller (“This is Jana with the Student Counseling Center, please call me at 744-5472.”)

\_\_\_ Please do not contact me.

\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

|   |  |  |  |   |                     |   |  |
|---|--|--|--|---|---------------------|---|--|
| <b>Last Name</b>  |  | <b>First Name</b>  |  | <b>MI</b>   | <b>Today’s Date</b> |   |  |
| <b>Campus Wide ID (CWID) #</b>  |  | <input type="checkbox"/> Male <input type="checkbox"/> Female  |  | <b>Age</b>  | <b>Birthdate</b>    |   |  |
| <b>Local Street Address</b>   |  |  |  | <b>City/Zip Code</b>  |                     |   |  |
| <b>Hometown(s):</b> _____   |  |  |  |   |                     |   |  |
| <b>Employed at</b> _____ <b>; hours per week</b> _____  |  |  |  |   |                     |   |  |
| <b>What is your OSU college?</b><br><input type="checkbox"/> Agriculture<br><input type="checkbox"/> Arts & Sciences<br><input type="checkbox"/> Business<br><input type="checkbox"/> Engr, Arch & Tech (CEAT)<br><input type="checkbox"/> Education<br><input type="checkbox"/> Human Envr Sciences<br><input type="checkbox"/> University Acad Svcs<br><input type="checkbox"/> Graduate College<br><input type="checkbox"/> Vet Med<br><input type="checkbox"/> Nonstudent     |  | <b>Class</b><br><input type="checkbox"/> Freshman<br><input type="checkbox"/> Sophomore<br><input type="checkbox"/> Junior<br><input type="checkbox"/> Senior<br><input type="checkbox"/> Graduate<br><input type="checkbox"/> Special<br><br><b>Currently enrolled at:</b><br><input type="checkbox"/> OSU <input type="checkbox"/> NOC-OSU<br><input type="checkbox"/> Not enrolled<br><br><b>Credit hours enrolled in currently</b> _____ |  | <b>Semester/Year first entered OSU</b><br><input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer<br>Year: _____<br><br><b>Major:</b> _____<br><br><b>Minor:</b> _____<br><br><b>Cumulative GPA:</b> _____<br><br><b>Attend Class Regularly:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Academic Probation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |                     | <b>Ethnicity</b><br><input type="checkbox"/> African American/Black<br><input type="checkbox"/> Asian American<br><input type="checkbox"/> Caucasian<br><input type="checkbox"/> Hispanic American<br><input type="checkbox"/> Native American<br><input type="checkbox"/> International student from _____<br><br>Other: _____ |  |
| <b>Housing</b><br><input type="checkbox"/> Residence Hall<br><input type="checkbox"/> Local/Off Campus<br><input type="checkbox"/> Fraternity/Sorority<br><input type="checkbox"/> University Apts<br><input type="checkbox"/> Commuter   |  | <b>Relationship Status</b><br><input type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Live with Partner<br><input type="checkbox"/> Have Boyfriend<br><input type="checkbox"/> Have Girlfriend<br><input type="checkbox"/> Engaged<br><input type="checkbox"/> Separated<br><input type="checkbox"/> Divorced<br><input type="checkbox"/> Widowed  |  | <b>Please indicate who referred you to the Student Counseling Center:</b><br><input type="checkbox"/> Self<br><input type="checkbox"/> Friend<br><input type="checkbox"/> Parent/Family<br><input type="checkbox"/> Residence Hall Staff<br><input type="checkbox"/> University Health Services<br><input type="checkbox"/> Wellness Center Dietician<br><input type="checkbox"/> Student Judicial Affairs<br><input type="checkbox"/> OSU/Stillwater Police<br><br><input type="checkbox"/> Professor/Instructor/Faculty<br><input type="checkbox"/> Academic Advisor/Academic Svcs<br><input type="checkbox"/> Fraternity/Sorority<br><input type="checkbox"/> Coach/Trainer<br><input type="checkbox"/> Personal Physician or Psychiatrist<br><input type="checkbox"/> Student Disability Services<br><input type="checkbox"/> Alcohol and SA Center<br><input type="checkbox"/> Other: _____<br><br>Was the person who referred you a current or previous client at the SCC?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                     |   |  |
| <b>Have you previously been a client at the Student Counseling Center?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, when?</b> _____<br><br>If your name has changed since you were last seen at SCC, please provide your former name: _____<br><br><b>Have you ever been in counseling or therapy or been hospitalized for mental health reasons?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, when and where?</b> _____ |  |  |  |   |                     |   |  |

**Please describe the concerns you would like to discuss with a counselor:**

**Please check all issues/concerns that you believe apply to your current situation:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Career/Major Indecision | <input type="checkbox"/> Body Image                    | <input type="checkbox"/> Anxiety             |
| <input type="checkbox"/> Relationship            | <input type="checkbox"/> Eating Disorder               | <input type="checkbox"/> Depression          |
| <input type="checkbox"/> Family                  | <input type="checkbox"/> Sexual Assault/Rape           | <input type="checkbox"/> Stress              |
| <input type="checkbox"/> Sexual Orientation      | <input type="checkbox"/> Learning Disability           | <input type="checkbox"/> Academic Difficulty |
| <input type="checkbox"/> Alcohol/Drug            | <input type="checkbox"/> Death of Family Member/Friend |  |
| <input type="checkbox"/> Financial               | <input type="checkbox"/> Other _____                   |  |

**Please check current symptoms:**

- Suicidal Feelings
- Difficulty Concentrating
- Difficulty Sleeping
- Frequent Tiredness
- Lack of Motivation
- Changes in Appetite
- Other \_\_\_\_\_

**Please indicate the seriousness of the concerns with which you are dealing:**

1   2   3   4   5   6   7

Not very serious                        Very serious, I am in crisis

**Please list all medications taken within the last 5 years, both prescription and nonprescription:**

| Name and dosage of medication | Reason taken | Dates taken    |
|-------------------------------|--------------|----------------|
| _____                         | _____        | _____ to _____ |
| _____                         | _____        | _____ to _____ |
| _____                         | _____        | _____ to _____ |
| _____                         | _____        | _____ to _____ |
| _____                         | _____        | _____ to _____ |
| _____                         | _____        | _____ to _____ |
| _____                         | _____        | _____ to _____ |

**FAMILY HISTORY:** Please provide information regarding your immediate family (i.e., parents, brothers, sisters, spouse/partner, children, etc). If your parents divorced, how old were you? \_\_\_\_\_

| Name  | Age   | Relationship | Occupation | Mental Health Issues |
|-------|-------|--------------|------------|----------------------|
| _____ | _____ | _____        | _____      | _____                |
| _____ | _____ | _____        | _____      | _____                |
| _____ | _____ | _____        | _____      | _____                |
| _____ | _____ | _____        | _____      | _____                |
| _____ | _____ | _____        | _____      | _____                |
| _____ | _____ | _____        | _____      | _____                |

**In the event of an emergency, is there someone we have your permission to contact?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

# STUDENT COUNSELING CENTER - GUIDELINES FOR SERVICES

The Student Counseling Center (SCC) of Oklahoma State University offers a wide range of personal, career, psychological, and psychiatric services. We are located in 316 Student Union. Students are limited to an intake assessment and 12 counseling sessions each year. The intake and first four counseling sessions are at no charge to the student. There is a fee for counseling sessions 5-12 (see Service Agreement and Fees for Service). Counseling professionals at the Student Counseling Center include licensed/license eligible counselors and supervised graduate level counseling students.

The Student Counseling Center follows ethical standards and professional guidelines set forth by the American Psychological Association. Information disclosed in counseling sessions, including the fact that counseling has been initiated, is confidential and will not be revealed to anyone outside this agency without the client's prior written consent unless the client is under 18 years of age. Individuals seeking services should be aware that name, presenting problem, ethnicity, address, phone number, student identification number, major and enrollment status are stored in a secured scheduling and accountability system. Professional staff, student-trainees, and designated other employees of the Student Counseling Center will have access to scheduling and data systems to schedule appointments, store demographic and personal information, and compile accountability reports.

Individuals under age 18 who request services should understand that parents/legal guardians have the right to request information from the counselor. Ethical guidelines and applicable laws permit this disclosure of information to parents/legal guardians of minors.

## I. RIGHTS

### Eligibility:

Currently enrolled OSU students are eligible for services. Please note that the Student Counseling Center does not provide services that require court testimony/reports or involve legal proceedings.

### Prompt Service:

The initial appointment with an intake counselor is for screening/assessment. During this appointment, counseling options will be discussed and decided upon between the student and the counselor. At busy times during the semester, the SCC may have a waiting list for services. Counselors will make every effort to estimate the amount of time before counselor assignment and a first appointment can be scheduled. Our waiting list is generally managed on a first come, first served basis. If, however, you are placed on our waiting list and experience a crisis before you are assigned to a counselor, please contact SCC so that crisis intervention services can be arranged.

If it is determined that your treatment needs require resources or competencies beyond that which we can provide, we will assist with an appropriate referral.

### Confidentiality:

All interactions with the Student Counseling Center, including scheduling of, or attendance of appointments, content of your sessions, progress in counseling, and your records, are confidential.

No record of counseling is contained in any academic, educational or job placement file. The Family Educational Rights and Privacy Act (FERPA) does not apply to Student Counseling Center records. SCC staff will send a report, or talk with persons you designate, with your written consent.

The counseling staff works as a team. Your counselor may consult with other counseling staff to provide you with the best possible care. Staff consultations are for professional and training purposes. Information will not be disclosed outside of the SCC without your written consent with the exception of the following:

- 1) Imminent Harm to Self If a staff member has reason to believe that you are in danger of physically harming yourself, a counselor is legally and ethically required to report this information to the proper authorities or another person as needed to ensure your safety.
- 2) Imminent Harm to Others If a staff member has reason to believe that you are seriously threatening harm against another person and if s/he believes that you are a threat to the safety of another person, s/he is legally and ethically required to take some action (such as contacting the police, notifying the other person, seeking involuntary hospitalization or some combination of these actions) to ensure that the other person is protected.
- 3) Abuse of Children If a staff member has reason to believe that a child under the age of 18 is being physically or sexually abused or neglected, s/he is legally obligated to report this situation to the appropriate state agency.
- 4) Court Order A court order, issued by a judge, may require the Student Counseling Center staff to release information contained in records and/or require a counselor to testify in a court proceeding.

\_\_\_\_\_(initials)

**Please Note: The exceptions to confidentiality are extremely rare.** However, if they should occur it is the Center's policy that, whenever possible, we will discuss with you any action that is being considered. Legally we are not obligated to seek your permission, especially if such a discussion would prevent us from

securing your safety or the safety of others. If disclosure of confidential information does become necessary, we will release only the information necessary to protect you or another person, or only that which is required by law.

## II. RESPONSIBILITIES

### Participation:

Your active participation in the counseling process is essential for progress to be made. Counseling sessions typically last for 50 minutes. Your promptness for these sessions will allow you to take full advantage of your appointments. Once you have been assigned to a counselor, if you are unable to attend your session, please cancel your appointment by calling the receptionist at the Center 24 hours in advance. Failure to cancel your appointment 24 hours in advance will result in a charge to your Bursar account according to the fee schedule.

### Feedback:

The Student Counseling Center staff is interested in any positive or negative feedback you may have regarding the services you receive. You will have an opportunity to provide feedback at the end of your counseling on our evaluation form. You are, of course, welcome to provide us with feedback at any time during the counseling process. If for any reason you are not satisfied with the counseling process, we encourage you to discuss this first with your counselor. You may also request an appointment with the Coordinator of Counseling to discuss possible reassignment or other counseling options or concerns.

## III. GENERAL INFORMATION

### Counseling Records:

You will be asked to provide us with information about yourself prior to your first meeting with a counselor. This information will help us better understand your situation and plan service. Counseling files are NOT part of academic records, and no one has access to them except the staff of the Student Counseling Center. Complete records are maintained for seven years.

Information from your counseling records that does not identify you may be used for research and program evaluation purposes. This information will remain confidential and only used in aggregate format in research.

### Missed Appointments:

If you miss two scheduled appointments without rescheduling, we will assume you are no longer interested in our services. You may, of course, request services again at any time. **Appointments must be cancelled at least 24 hours in advance to avoid charges to your bursar account. To cancel or**

**reschedule an appointment, please call 744-5472 – you may leave a voice message if necessary.**

### Emergency Services:

In an emergency when the Student Counseling Center is not open, contact the Oklahoma State University Police at 744-6523 or 911. The police will contact the counselor on call, who will get in contact with you.

### E-mail Policy:

Given that E-mail is never fully confidential, it is our policy to never use E-mail for communication of any kind with Student Counseling Center clients.

### Audio/Video Taping:

Your counselor may be a graduate-level counseling student under the supervision of the professional staff. We may seek your written consent to video or audio tape your counseling sessions. This is done so that the counselor can review sessions in order to aid the counseling process. The tapes are confidential and erased after use.

If you have any questions about these guidelines please feel free to discuss them with your counselor.

I HAVE READ AND UNDERSTAND THE GUIDELINES FOR SERVICES ON BOTH PAGES OF THIS DOCUMENT, AND CONSENT VOLUNTARILY FOR SERVICES DESCRIBED IN THESE GUIDELINES.

\_\_\_\_\_  
Signature (please sign in ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

Student Counseling Center  
316 Student Union  
405-744-5472

## STUDENT COUNSELING CENTER - SERVICE AGREEMENT

The Student Counseling Center (SCC) operates on a Fee for Service system. Please (1) read this agreement carefully, (2) consult the receptionist or your counselor for clarity, and (3) sign this statement to acknowledge receipt of information explaining our fee schedule and policies.

- 1) All fees for services can be charged through your bursar account or you can pay for them in cash at the time of service. Bursar charges may be paid immediately to avoid having them appear on any printed or mailed statements (sent to parents). You are responsible to pay these fees at the Bursar's Office if you do not want them mailed. **If charges from the SCC appear on your statement, they will be listed as "Health Services - O."** No reference to counseling will show on the statement. When paying directly to the Bursar, you must designate that your payment is for "Health Service" charges. Otherwise, the amount of payment will simply be subtracted from your account balance.
- 2) A Fees for Service schedule is below for your information and use.
- 3) There is a 12-session limit per fiscal year (July 1 through June 30). \*
- 4) "No shows" for counseling sessions and/or psychiatric services will be charged according to the Fees for Service schedule. **If an appointment is not cancelled at least 24 hours prior to appointment time, the appropriate charge will be assessed. This includes no-show appointments that occur before the fifth session. Failure to keep two consecutive appointments will result in your scheduled appointment time being opened up to other students.**
- 5) You must assume full responsibility for payment of your service fees. The SCC will not assume responsibility for collecting fees from your insurance company. It is your responsibility to pay the fee and then file any insurance claim. Do not assume that because you have insurance all service fees will be reimbursed. You are responsible for learning the restrictions of your particular insurance coverage.

\* On the rare occasion a student is seen beyond 12 sessions, it will be at a rate of \$20 per session through session 24 and \$40 per session beginning with session 25.

**I HAVE READ THE ABOVE STATEMENTS AND AM PREPARED TO ASSUME FULL RESPONSIBILITY FOR PAYMENT OF FEES FOR SERVICES RECEIVED AT THE STUDENT COUNSELING CENTER.**

\_\_\_\_\_  
Client Signature (please sign in ink)

\_\_\_\_\_  
Date

| <b>FEES FOR SERVICE</b><br>Effective Dec. 1, 2006                                |   |
|--|---|
| Individual Counseling  | No Charge for Intake and Sessions 1-4<br>Sessions 5-12 each session \$10.00   |
| Couples Counseling   | No Charge for Intake and Sessions 1-4<br>Sessions 5-12 each session \$15 per couple   |
| Group Counseling   | No charge at this time for group counseling<br>Approximately 14 group sessions<br>No charge for group screening   |
| Psychiatric  | 0-20 Minutes                      \$25.00<br>21-39 Minutes                      \$35.00<br>40-50 Minutes                      \$45.00<br>51-60 Minutes                      \$65.00 |
| <b>Time over 60 minutes will be an additional charge based on the same scale</b> |   |
| Career Assessments   | \$10.00 for the <i>Myers-Briggs Type Indicator Profile</i> ; \$16.00 for the <i>Myers-Briggs Type Indicator Career Report</i> ; \$16.00 for <i>Strong Interest Inventory</i>        |
| Clinical Assessment  | \$15.00 for the <i>Millon College Counseling Inventory</i>  |