



CITY UNIVERSITY OF NEW YORK

Student Counseling Services
Wellness Center
365 Fifth Avenue, Suite 6422
New York, NY 10016-4309

REQUEST FOR SERVICES

EMPL ID# _____

Today's Date _____

Name _____
(first) (last)

Date of Birth _____

Gender _____ Pronouns _____

Address 1 _____
(current street address-even if temporary)

(city, state, zip code)

Address 2 _____
(permanent mailing address if different from above)

May we leave a message referring to this office?

Phone Mobile () _____

Yes ___ No ___

Home () _____

Yes ___ No ___

Work () _____

Yes ___ No ___

Email is not a secure means of communication. Therefore, confidentiality cannot be guaranteed. ONLY provide your email address if you agree that we can contact you by email.

Email address _____

Program _____ Years in program _____ Program degree (please circle one) Masters Doctorate

1) What kind of counseling are you interested in?

- Individual
Couples
Group (please specify what kind of group)
Academic Consultation Dissertation Consultation Dissertation Group Master's Thesis Group

EMERGENCY Yes ___ * No ___

* If this is an emergency and a staff member is not immediately available, please go to the nearest hospital emergency room.

2) Have you previously received counseling here?

Yes ___ No ___ If yes, when? _____

3) Please indicate the days and times when you are available for appointments: _____

4) Please list the reason(s) why you are requesting services: _____

5) In case of emergency, please notify: _____ Relationship to you _____

Phone Number #1: _____ Phone Number #2: _____

How did you hear about the Center? _____

Please return this form to the Wellness Center via e-mail: wellness@gc.cuny.edu. Please note that e-mail in general is not secure. You may wish to password protect the document before sending, and send the password in a separate email.

**Student Counseling Services
Wellness Center
The Graduate Center - CUNY**

INFORMED CONSENT FOR ASSESSMENT AND INTERVENTION

The Student Counseling Services (SCS) offers a range of services free of charge for students registered at The Graduate Center, The City University of New York. The type and extent of services that you will receive will be determined following an initial assessment and thorough discussion with you. The goal of the assessment process is to determine the best approach to the issues you wish to address. Often, services are provided by staff at the SCS, although referrals are made to outside providers or resources when this seems to be the best alternative. Typically, services are provided at the SCS on a time-limited basis over the course of a number of weeks. We offer short-term individual and couples counseling, group counseling, and other interventions to assist with graduate student life, such as dissertation progress. The SCS is staffed by qualified psychologists, social workers, and advanced trainees in clinical and counseling psychology. The trainees are supervised by licensed mental health professionals.

CONFIDENTIALITY

All information shared with the clinicians and staff at the SCS is confidential within the SCS and will not be released without your written consent, except as noted below. There are specific and limited exceptions to this confidentiality which include the following:

1. When there is risk of imminent danger to yourself or to another person, the clinician is ethically bound to take necessary steps to prevent such danger;
2. When there is suspicion that an individual under 18 years of age or a seriously impaired individual is being abused or maltreated, the clinician is legally required to inform the proper authorities;
3. When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such request;
4. When otherwise required by law or statute.

Note: Verbal consent for limited release of information may be necessary in special circumstances.

CONTACTING YOUR COUNSELOR

If you need to contact your counselor, you can do so by phone or email. If your counselor is not immediately available by phone, please leave a voicemail message. Your counselor will respond as soon as possible. Please be aware that email is not a secure means of communication. Please do not communicate confidential, urgent, or emergency information by email. If you are in crisis or need urgent care, please see the Emergencies section below.

EMERGENCIES

The SCS does not provide emergency services. During open hours, however, the SCS may be able to help in certain situations. In the event of an emergency during open hours, you may come to the SCS or phone at (212) 817-7020. Alternatively, and after hours, you may dial 911 or go to the nearest hospital emergency room.

DIGITAL RECORDING

Your counselor may ask for your (written) permission to digitally record your meetings for the purpose of continued staff training and clinical supervision. The recordings are treated confidentially and are deleted after they are used. Your counselor will address any concerns you may have about recording.

RISK AND BENEFITS

Although research demonstrates that psychotherapy and other interventions are generally beneficial, they may occasionally lead to negative outcomes, such as increased symptoms or other difficulties.

The SCS makes a concerted effort to assure that these negative outcomes do not occur, and to take corrective steps should there be signs that they are occurring. These steps are most often effective. You can assist in this effort by reporting any negative effects to your counselor.

MEDICATION

The SCS does not offer on-site psychiatric services, but will provide referrals for off-campus treatment when appropriate.

APPOINTMENTS/HOURS OF OPERATION

Please attend all scheduled sessions and arrive promptly at your scheduled time. Individual sessions are typically 45-minutes long and couples and group sessions can range from 60 minutes to 90 minutes. The SCS’s operation hours are Mondays through Fridays, 9AM-5PM throughout the academic year. No appointments are available on weekends or holidays; reduced hours and appointment schedules of operation apply during January and August.

If you have any questions, please ask your counselor or contact Student Counseling Services at (212) 817-7020.

I have read and understand the above. I consent to participate in the evaluation and intervention offered to me by the Counseling Center. I understand that I may discontinue my work at the Center at any time without prejudicing future requests for services from the Center.

Signature

Client Name, Printed

Date

Witness (Staff Use Only)

Date

Student Counseling Services, Wellness Center

The Graduate Center, CUNY

Consent for Electronic Communication

I, _____, consent to participate in clinical services sessions by telephone
[enter your name in the text field above] or web-based platform (e.g., WebEx), and to email communication
with my counselor as described below.

I understand that the Student Counseling Services, GC Wellness Center (SCS) is not able to guarantee the privacy or security of session content or communications shared by phone or by email. I am aware that there is a remote possibility that electronic communications could be intercepted by others, such that communicating via these mediums is not 100% secure.

SCS maintains all voice mail and email securely and confidentially. However, using these methods of communication for active therapeutic purposes is less secure. If you agree to communicate with your counselor in this manner, you must knowingly accept and consent to that risk by affirmatively identifying your chosen email and telephone/cell addresses/numbers:

I consent to **email** communication using the following email:
[click the box with your cursor to enter check mark]

I consent to my counselor **contacting me and/or leaving confidential voice mail messages** at the following telephone/cell number:

I agree to participate in **clinical services sessions** with my SCS counselor using **phone and/or web-based platform** under the following conditions:

- Use of phone or web-based sessions is completely voluntary and is an option we have discussed.
- Appointments will be made or confirmed via email or phone. I will be available at the time of the session, alone, in a quiet room, with the door closed and in NY state during the call.
- My counselor will call me at the time of my appointment. Center rules require that the counselor utilize *67 if calling from a private line.
- If clinical services via the telephone or web-based platform prove unsatisfactory in my or my counselor's judgment, I or my counselor may opt for a referral to another provider or clinic.
- In a crisis or emergency situation that needs immediate attention: for example, I am considering seriously harming myself or someone else, I will dial 911, or go to a mental health Hospital/ER.

- Technical problems could occur. If the call is disrupted, my counselor will call back within ten minutes. If reconnection cannot occur, the session will be rescheduled through email.

I have been informed of and understand the risks and procedures involved in telephone- or web-based clinical services. I agree to the terms listed above and voluntarily consent to using this platform for therapy sessions with my provider.

I agree that the Graduate Center, CUNY will not be held liable in the event that a third party overhears or bypasses technology security and discovers personal or confidential information. This consent will last for the duration of my relationship with the Student Counseling Services, Wellness Center, Graduate Center, CUNY. I am aware that I can withdraw my consent for telephone-based clinical services at any time, and my counselor will work with me to find a suitable alternative.

I consent to telephone-based clinical services.

I consent to web-based clinical services (e.g., Zoom).

Client Name:

Signature of Client:

Date:

If you can't sign and scan us a copy of this consent, your typed name will serve as your signature.

Signature of Witness (Staff Use Only):

Date: