

STONE CENTER COUNSELING SERVICE (SCCS) RIGHTS & RESPONSIBILITIES

Welcome to the Stone Center Counseling Services. We hope that students' experience with our services is one of growth and satisfaction. Our aim is to promote student health, growth, and well-being. Our wellness philosophy encourages students to have a balanced lifestyle, to take care of their physical and mental health, to be educated regarding issues of well-being, and to have access to information and treatment. It is a sign of strength to ask for help, to partner with professionals regarding care, and to explore personal concerns or feelings, whether they are large or small. Any concern a student discusses is regarded as important, and is treated with respect.

Your RIGHTS

1. You have the right to confidentiality. This means that under normal circumstances no one outside Counseling Services is given any information about your treatment without your expressed consent. Parents, teachers, and other college staff may not have access to information about your treatment with Counseling Services without your permission. There are some circumstances in which confidentiality may not be maintained. These circumstances include:

a. For any health or safety emergency, such as:

An acute emergency in which there is an urgent need to get you immediate care. If you are dangerous to yourself or to another person. The therapist and clinicians are mandated reporters and are required by law to notify government agencies when they reasonably believe that a child, an individual with a disability, or an elderly person is suffering injury as a result of abuse or neglect.

b. In the setting of an actual, threatened, or imminent public health emergency.

c. In response to a judicial order or a lawfully issued subpoena.

d. Any other reason permitted by law.

In addition, medications and allergy information are shared between treating clinicians as needed. All counseling records are kept locked or password protected, in the respective departments.

2. You have the right to prompt life-saving treatment in an emergency without discrimination on account of economic status or source of payment and without delaying treatment for purposes of prior discussion of the source of payment.

3. You have the right to privacy during your treatment or other rendering of care.

4. You have the right to know what is in your record. Should you desire to do so, we suggest a full discussion with your therapist/provider, and a time to review it together.

5. You have the right to obtain appropriate treatment for the issue that brings you here. If we are unable to be of help, we will make every effort to refer you for appropriate treatment. You should be informed about the various services available and participate in the process of deciding which of these services is most helpful to you. You always maintain the right to question the focus of your treatment, to know the credentials of your provider, or to ask for a second opinion.

6. You have the right to considerate and respectful care from the provider regardless of personal attributes that include but are not limited to gender, race, ethnicity, national origin, culture, sexual orientation, class, and disability.

7. You have the right to choose a provider from among the available clinical staff and to request a different provider if you are dissatisfied with the initial assignment, and upon request, to obtain from the Counseling Service the name and specialty, if any, of the clinician or other person responsible for your care or the coordination of your care.

8. You have the right to understand what tests, treatments and medications are recommended along with their possible side effects and risks as well as any alternatives that are available.

9. There is no charge for a Wellesley student being seen at the Counseling Service.

10. You have the right to refuse to serve as a research subject and to refuse any care or examination when the primary purpose is educational or informational rather than therapeutic.

11. You have the right to end your treatment at any time.

Your RESPONSIBILITIES

1. We ask you to keep your scheduled appointments, and if you are unable to keep an appointment, please let us know at least 24 hours in advance, if possible.

2. Provide the Counseling Service providers with accurate and complete information to the best of your knowledge.

3. Follow the treatment plan that has been recommended as a plan can only be effective if you understand, agree with it and follow it through.
4. Let us know of any changes to your health and the effects of your treatment.
5. Take responsibility for your well-being by maximizing healthy habits such as getting sufficient sleep, regular exercise, maintaining a healthy diet, not smoking and avoiding spreading disease.
6. Please ask questions and notify your provider if you do not understand the diagnosis, treatment plan, recommended test, policy, etc. Try to be open about your experience by expressing concern(s) about your treatment.
7. Be respectful, considerate and courteous of the staff, fellow students, and the facility; show others the courtesy you expect to receive.
8. We ask you to end your therapy with the Counseling Service in a termination session in order to share and discuss with your counselor what was useful and what could have been improved.

We Work Together with You

You and your counselor will work out an agreement in the first or second session regarding the goals and the time frame for your treatment. We may suggest a specific number of sessions to begin with and then reassess how the work is progressing. We offer short-term (6-8 sessions) individual and group counseling to Wellesley College students. Services are offered without charge to all currently enrolled students (except cross-registered students). We may consider a referral to a nearby resource to better meet your needs.

It is important for you to know these are training facilities and some counselors and clinicians are trainees in advanced training to become social workers, psychologists, or nurse practitioners. They are supervised by either a licensed psychologist, social worker, nurse practitioner or physician. We operate as a clinical team. Given the close relationship between the psychological and the biological (eating disorders, medication evaluation, etc.), we often work collaboratively with Newton-Wellesley Collegiate Health.

I authorize my Counseling Service provider to discuss my treatment with other treating professionals of The Stone Center Counseling Services, Newton-Wellesley Collegiate Health, Wellesley College, when indicated. I have had the opportunity to discuss this informed consent statement with my provider and I understand its meaning and consent to receiving treatment. I understand that should it be determined that discussions with individuals not directly involved in my treatment would be beneficial to me (i.e. parents, friends) written consent will be requested, unless such disclosures are permitted by law without my written consent.

If you desire to have a copy of this form, please inquire at the front office or request this from your counselor. This form is also available on our [website \(www.wellesley.edu/counseling/policiesforms\)](http://www.wellesley.edu/counseling/policiesforms)

My attestation (NAME) signifies my understanding of the rights, responsibilities, and risks in engaging in services at SCCS, and that I will abide by the aforementioned expectations and guidelines.