The information below provides details about the policies and procedures related to counseling services offered by Northeast Wisconsin Technical College. As a student requesting services, you are asked to read this document, discuss any questions with your counselor, and acknowledge your understanding by signing below.

<table>
<thead>
<tr>
<th>1. Eligibility for Services</th>
<th>Counseling at NWTC is available at no cost to all students currently enrolled in credit bearing classes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Services</td>
<td>We provide individual counseling. In general, marriage, family, or couples counseling is not provided by NWTC Student Counseling. In some cases, couples or family counseling may be offered on a short term basis with the goal of transitioning to a community counselor.</td>
</tr>
</tbody>
</table>
| 3. Confidentiality          | All communications between you and your counselor will be held in strict confidence and will not be revealed to anyone unless you give written authorization to release the information. PLEASE NOTE: There are legal and ethical exceptions to confidentiality that require the counselor to take responsible action.  
  a. When there is a clear and present danger of harm to yourself or to another person. In these circumstances, we are legally required to take action to protect all parties. This may include coordinating voluntary or involuntary hospitalization as well as notifying law enforcement and/or notifying friends and family members of those who may be at risk.  
  b. As mandated reporters, we are obligated to contact designated authorities when abuse of a minor child, elderly, or disabled person is suspected.  
  c. When there is a court order mandating the release of information.  
  d. For the purpose of supervision and case consultation with appropriate personnel (see #6 below).  
  e. Counseling Services at NWTC are partially funded through grants and other sources that require reporting. Additionally, NWTC Institutional Research may have access to a list of student IDs for outcome data research. As a result, your student ID may be included in these reports, along with date of service, attendance, counselor name, and type of service provided. Administrative staff may have access to this information while data is entered. Administrative staff may also have access to this information, particularly as it relates to scheduling, correspondence, or general office duties. Private information about the content of your sessions will not be shared with administrative personnel. Any individual who has access to this information is required to adhere to HIPAA privacy standards. |
| 4. Counseling Records       | Your NWTC counseling record is protected by all existing laws governing medical records. Counseling records ARE NOT part of your academic record and no one has access to those records except counseling staff. Records are maintained for seven years after the end of treatment, at which point they are destroyed. Upon written request, we will provide a copy of your clinical records and/or a summary to another mental health professional or physician of your choice. If you request the release of this information, we may request personal contact with you prior to releasing the information. |
| 5. Services Not Provided    | We do not provide any mandated services or those that may require court testimony, letters or reports to be filed with any branch of the court system. This includes communication with any district, city, or municipal attorney’s office, any defense attorney’s office, any State department of probation or parole, or with any judge, magistrate or mediator in divorce proceedings. |
| 6. Clinical Supervision     | Licensed Professional Counselors are required by legal and ethical standards to participate in supervision with their peers on a regular basis. Your counselor may consult with, or receive supervision from, another member of the counseling team. Consultation is performed in a professional and discreet manner with the goal of providing you with the best treatment possible. |
| 7. Practicum Students       | Occasionally, NWTC Student Counseling will serve as a training site for students completing their Master’s Degree and/or licensure as psychotherapists. With your permission, one of these trainees may be present with the counselor for an intake or subsequent sessions. You may also have a trainee as your primary therapist. However, you will be informed whenever a trainee is either observing or providing treatment and you have the right to revoke this consent at any time. All practicum students are supervised by senior counseling staff. |
| 8. Social Media             | We can use email/texting to communicate with you about administrative details, such as appointment times and cancellations, but we cannot provide therapy through email. Email communications are not secure or confidential. Our counselors may have a social media presence. We do not accept network invitations from clients. Please do not contact us via social media. |

THE PROCESS OF TREATMENT

The benefit of counseling is to help the client meet his or her goals for treatment. Clients will be informed of:

a) Treatment alternatives and services under the selected treatment plan.

b) Side effects of treatment: Therapy helps the client work on his or her goals. In some cases this means that uncomfortable feelings may increase before things start to get better.
c) **Probable benefits of receiving proper treatment**: People who choose counseling to overcome their problems in living have a better advantage at making more appropriate life choices and decisions.

d) **Effective time period of consent to treatment**: The client’s consent to treatment will last until the goals of treatment have been reached and the case is closed, the client withdraws consent and terminates treatment, or a year has passed and a resigning of the Informed Consent has occurred.

e) **Frequency and Length of Sessions**: Typically, a counseling session will last 50 minutes and will be scheduled weekly. The frequency and length of sessions can be modified based on progress and clinical necessity.

f) **Client rights in developing and implementing the treatment plan**: A collaborative approach is used.

g) **How to use the Grievance Procedure**:

i. If you feel your rights have been violated, you have a right to use a grievance procedure. First, we would encourage you to speak with the staff person about your concerns to resolve the issue. If you choose not to, or are not satisfied with the outcome, you can file a formal complaint and request a meeting with the Dean of Student Development, John Grant.

   John Grant, Dean of Student Development  
   NWTC, 2740 W. Mason Street, Green Bay, WI 54307  
   920-498-6984

ii. If you are not satisfied with that outcome, or at any point prior to a resolution, you may contact the State of Wisconsin Grievance Examiner at the contact information below.

   Division of Mental Health and Substance Abuse Services  
   DMHSAS Administrator  
   PO Box 7851  
   Madison, WI 53707-7851

h) **Emergency Services**: NWTC counselors do not provide crisis counseling after hours or when the college is closed. In the event of an emergency, clients should contact the Crisis Center at 920-436-8888 or dial 911.

YOUR RIGHTS AS A CLIENT
When you receive any type of services for mental illness, alcoholism, drug abuse or developmental disability, you have rights under Wisconsin Statutes section 51.61 (a) and DHS 94, Wisconsin Administrative Code. This document serves as a written copy of your rights and a copy is available to you upon request.

a) **Treatment Rights**:

i. To receive prompt and adequate treatment.

ii. As a voluntary patient, you may refuse treatment at any time.

iii. To be free from unnecessary or drastic treatment.

b) **Communication and Privacy Rights**

i. All counseling records are held in the strictest confidence according to state and federal regulations. NWTC Student Counseling Services is dedicated to maintaining client well-being and privacy to the extent that it is allowed by law and in the best interest of the client. As an entity of NWTC, Student Counseling Services will follow the guidelines of Federal Educational Rights and Privacy Act (FERPA), as well as the Health Information Portability and Accountability Act (HIPAA).

ii. To have your treatment records and conversations about your treatment kept confidential from all parties, including staff, faculty, and other students at NWTC. Your treatment records are stored electronically in a database that is secure and separate from your educational records.

iii. To have access to your treatment record or a written summary after discharge (or during treatment if the therapist approves the release).

c) **Civil Rights**

i. No client is to be refused service on the basis of race, creed, color, religion, age, sex, or national origin.
Please review the following and sign below:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I would like appointment reminders to be sent to my NWTC student email. I understand that I should not share my login information with anyone to ensure the confidentiality of this communication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>My email address is (print clearly): ________________________________</td>
<td></td>
</tr>
<tr>
<td>2. May we leave messages on your cell phone related to scheduling appointments?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. May we leave messages on your home phone related to scheduling appointments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have reviewed this informed consent and I understand that I can ask my counselor any questions that I may have about the policies described above. I understand that I may withdraw this consent at any time in writing. The result of doing so is also termination of the counseling relationship.

The types of services provided by NWTC Counseling Services have been explained to me. I voluntarily consent to become actively involved in the treatment process. I HAVE READ AND UNDERSTAND THE RIGHTS OF A PATIENT AND THE INFORMED CONSENT.

__________________________  ____________  _________________________
Signature                  Date                  Printed Name