



Consent for Counseling Services

North American University offers counseling services from a Licensed Professional Counselor, with several years of experience specializing in various counseling. We value our relationship with our students and believe that relationship is the foundation of the healing process.

Students'/Clients' Rights

Students may ask questions on what to expect during and result of counseling. The student may decline to proceed with counseling, or with techniques which may be conducted with the counselor. The student may cease to continue counseling anytime, without any impediment and may return to counseling anytime. The counselor has the right to dismiss the student from the course of counseling and may refer the student to outside counseling if deemed to be in the best interest of the student. The student has the right to review his/her records from the counselor.

Right to Confidentiality

Within limits provided for by law, all records and information acquired by the counselor shall be kept strictly confidential in accordance to the principles of a doctor/patient relationship. All information will not be shared or revealed to any person, agency, or organization without the prior written consent of the student/client. The student can raise any concerns and to speak with the counselor immediately of any concerns provided that the counselor is likewise available to discuss matters with the student.

Exceptions to Confidentiality

Counselors are required by law to report acknowledgment of abuse/neglect, threat of personal harm, or threat to harm another.

Acknowledgement

I have reviewed this Professional Counseling Informed Consent Agreement. I understand my Student/Client Rights set in this form. I accept this agreement and consent to counseling.

Student/Client Name _____

Email _____

Phone Number _____

Address _____

Student/Client Signature _____

Date _____

Please check the items that you believe are affecting you:

<input type="checkbox"/>	Alcohol or drug problems	<input type="checkbox"/>	Anger or hostile feelings
<input type="checkbox"/>	Anxiety, nervousness, fears	<input type="checkbox"/>	Sadness or depression
<input type="checkbox"/>	Eating or appetite problems	<input type="checkbox"/>	Family issues
<input type="checkbox"/>	Procrastination	<input type="checkbox"/>	Physical distress
<input type="checkbox"/>	Relationship/marital concerns	<input type="checkbox"/>	Sexual concerns
<input type="checkbox"/>	Shyness	<input type="checkbox"/>	Traumatic experiences
<input type="checkbox"/>	Social conflicts	<input type="checkbox"/>	Suicidal feelings or behaviors
<input type="checkbox"/>	Stress	<input type="checkbox"/>	Sleep disorder
<input type="checkbox"/>	Self-control	<input type="checkbox"/>	Self-esteem or confidence
<input type="checkbox"/>	Work or career concerns	<input type="checkbox"/>	Grief or loss
<input type="checkbox"/>	Other	<input type="checkbox"/>	

If other, please describe in the comment box below:

Please present this completed form to the counselor at your scheduled appointment or email lhart@na.edu and studentlife@na.edu.