Client Information
Thank you for selecting the University of Central Florida (UCF) Community Counseling and Research Center for your present counseling needs. We offer free individual, couple, and family counseling sessions and on occasion, group-counseling programs. With the exception of short semester breaks, the Community Counseling and Research Center (CCRC) operates weekdays and evenings throughout the year. Counseling sessions are 50 minutes in length. You are welcome to attend as long as you and your Counselor agree that the services are of mutual benefit. If you continue for longer than one semester, a different Counselor may be assigned to work with you. Should you require/desire more than three semesters (one year) of services, your Counselor will help you to determine if this is the most appropriate level of care.

Graduate students from the Counselor Education Program staff the CCRC. All sessions are recorded and monitored by closed circuit TV – these recordings are for educational and supervision purposes only and are the sole property of the CCRC. A faculty member and/or advanced graduate student learning clinical supervision skills observes the counseling session. Your Counselor (a graduate student) receives consultation and suggestions from the supervisor(s) reviewing the sessions. In some instances, other graduate students-in-training or professionals will participate in these conferences. These activities are intended to ensure that you are receiving the highest level of quality service. You have the right to request the name of the supervisor. In addition, you may be asked to fill out counseling assessments and/or outcome measures from time to time. These may include the Outcome Questionnaire (OQ-45.2), the Client Satisfaction Questionnaire (CSQ-8), the Child Behavior Checklist (CBCL), or other questionnaires. These instruments are used both for determining clients’ progress and for research purposes to evaluate various aspects of our program.

Clients are accepted on first come, first served basis. Referrals are made to outside sources when necessary. The CRCC maintains a waiting list and frequently contains more clients than we have staff available to treat. If for any reason you wish to discontinue, postpone, or cancel your sessions, please call as soon as possible at (407) 823-2052 so that another person on the waiting list can be accommodated. This courtesy is greatly appreciated. Generally, the CCRC does not reschedule someone who fails to keep an appointment without phoning to cancel in advance or who repeatedly cancels appointments.

Clients will be issued a parking pass during their first session. The parking pass is valid only in the Tony Jennings Exceptional Education Institute parking lot (located just south of parking garage A) for the day and time of the client’s appointment only. Parking passes are not valid in any other lot or time. Using CCRC parking passes for times and locations other than what is designated can result in parking tickets or towing of the vehicle.

The Community Counseling and Research Center (CCRC) adheres to both the ethical standards of the American Counseling Association (ACA) and the Laws and Rules of the State of Florida. The information shared during the counseling process will be kept strictly confidential, except for those reasons required by law. These exceptions include the following:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. Information will only be shared with a person or organization that is able to help prevent or reduce the threat.
2. When there is suspected abuse or neglect of a child, elderly person, resident of an institution, or a disabled person.
3. As a result of any lawsuit against the counselor and/or legal/court proceedings.
4. If a law enforcement official requires a release.
5. When you (the client) explicitly request in writing that information be shared with a third party.

(ACA Code of Ethics [2005], Section B.2; Chapter 491, state of Florida law governing the practice of Clinical, Counseling, and Psychotherapy Services [2010], Section 491.0147)

For our Minor Clients
In the CCRC, we respect the rights of parents/legal guardians. Confidentiality cannot be given without the permission of parents/legal guardians. The reality is that a child/adolescent will have no reason to talk to a counselor if the counselor were to disclose all communications to a parent/legal guardian. Due to this problem, we ask you to permit your child to have a confidential relationship with the counselor assigned to them.

Disclaimer:
The CCRC is a training facility and all counselors staffed at the CCRC are students and are not licensed clinicians. Because of the status of our counselors, the CCRC retains all rights to videotaped sessions, clinical notes and diagnoses and they will be used for educational purposes only. In signing below, I acknowledge that the CCRC will not provide clients with diagnoses, clinical notes, court mandated paperwork, work, school or academic assessments or disability assessments. The CCRC will only provide clients with a treatment summary letter by request.

**Consent for Treatment**

In signing below, I acknowledge that I have received, read and understand this Client Information and Consent for Treatment form. I have had an opportunity to ask questions and receive answers. I do hereby seek and consent to take part in treatment by the Counselor named below. I understand that treatment may include individual, couples, family or group counseling and may include consultations with other associates of this institution. The treatment may also include referrals to other appropriate State, County, and/or professional agencies for further counseling. I understand that developing a treatment plan with the Counselor and regularly reviewing our work toward meeting the treatment goals are in my best interests. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by the Counselor. I am aware that I may stop my treatment with the Counselor at any time. I know I must call to cancel or reschedule an appointment at least 24 hours in advance. I know I may receive confirmation calls or letters of follow-up on missed appointments. I acknowledge that this Center is a training facility and give my permission to have my Counselor’s supervisors review all aspects of my treatment.

**For our Minor Clients**

By signing below, I certify that I give permission to the Community Counseling and Research Center at UCF and the Counselor listed below for treatment of my minor child. This document permits my child to have a confidential counseling relationship with the Counselor. I understand that the information disclosed by my child is private (outside the limits established above).

My signature on this document shows that I understand and agree with the above conditions and statements.

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Client(s) Printed Name

Client Signature ____________________________ Date __________

Client Signature ____________________________ Date __________

Client Signature ____________________________ Date __________

Parent(s)/Guardian(s) Signature (for minor clients) ____________________________ Date __________

Parent(s)/Guardian(s) Signature (for minor clients) ____________________________ Date __________

Minor Client’s Date of Birth: ____________________________

Counselor Signature ____________________________ Date __________

Supervisor Signature ____________________________ Date __________

NOTE: Copy of signed document is to be given to client(s)