

# WELCOME TO STUDENT COUNSELING SERVICES

## **Eligibility:**

Mississippi State University Student Counseling Services (SCS) offers a variety of individual, couples, and group counseling services provided by counselors, psychologists, and social workers. Full or part-time students who are currently enrolled at Mississippi State University and who are not full-time MSU employees are eligible for a free, voluntary, and confidential counseling appointment.

## **Treatment Model:**

SCS follows a brief therapy treatment model. You and your counselor will discuss treatment goals and determine the length of your treatment to meet those goals. Typically, clients visit SCS from 3 to 6 sessions in a semester. We expect clients to actively work toward agreed-upon therapeutic goals in order to remain in treatment. Many clients find group counseling to be a valuable treatment option, especially supportive groups that help one "maintain" changes made in individual therapy. While many clients elect to move from individual therapy after several sessions to a group therapy modality, some clients find it most helpful to begin group counseling at the beginning rather than seeking individual therapy. Together, you and your counselor will explore your treatment options.

## **Risks and Benefits:**

Counseling can have both risks and benefits. The counseling process may include discussions of your personal challenges and difficulties which can elicit uncomfortable feelings such as sadness, guilt, anger, and frustration. However, counseling has also been shown to have many benefits. It can often lead to better interpersonal relationships, improved academic performance, solutions to specific problems, and reductions in your feelings of distress. These benefits are dependent on your motivation to change.

## **Confidentiality and Privacy Practices:**

In keeping with ethical standards of the International Association of Counseling Services, Inc. and state and federal law, all services provided by SCS are kept confidential except as noted below. Mental health providers have a legal responsibility to disclose client information without prior consent in the following situations:

- *If you are likely to harm yourself or others unless protective measures are taken*
- *If you lack the capacity to care for yourself*
- *When there is reasonable suspicion of abuse of children, dependent adults or the elderly*
- *When there is a valid court order for the disclosure of client files.*

Fortunately, these situations are infrequent and all measures of security possible are taken to ensure your confidentiality is maintained. Any information stored on paper is locked; data stored electronically is encrypted.

SCS staff operates as a team in order to provide the best possible services to clients. As professionals we confer with each other within the agency. These consultations are for professional and/or training purposes only.

By providing an Emergency Contact, you give SCS permission to communicate with that person if we believe you are at risk. Please consult with your clinician if you have questions about confidentiality.

For more details about your Protected Health Information, as specified by the Health Insurance Portability & Accountability Act, please refer to our website: [www.health.msstate.edu/scs](http://www.health.msstate.edu/scs).

## **Communicating with SCS:**

Although we try to arrange initial counseling appointments promptly, there may be a waiting list during busy periods of the year. If you consider your situation an emergency, please inform our staff. For after hours emergency services go to the nearest hospital emergency room, or contact the MSU Police at (662) 325-2121, who will contact the on-call counselor. Please be aware that e-mail may not be private or confidential and may not be read by the recipient in a timely fashion.

## **Referrals:**

Many issues typically encountered by university students can be addressed with the short-term counseling we provide. Your initial session is an assessment session devoted to defining your concerns, developing a treatment plan, and determining whether SCS can meet your needs. If at any point it is determined that other services are more suitable, we will help you obtain assistance from appropriate off-campus providers. Non-compliance with the plan we develop to assist you could result in the termination of counseling services.

## **No-Show Policy:**

Your active participation in the counseling process is necessary for progress to be made. Counseling sessions typically last for 30-50 minutes. Your promptness for these sessions will allow you to take full advantage of your appointments.

If you miss a scheduled appointment with your counselor and have not canceled it in advance, you are responsible for calling to reschedule an appointment or for informing the counselor that you are no longer interested in receiving counseling. If an emergency arises, please cancel your appointment by calling the receptionist, preferably one day in advance. If you miss two scheduled appointments without rescheduling, we will assume you are no longer interested in our services and your appointment time will be made available to other students. You may, of course, request services again at any time.

## **Feedback:**

Our goal is to provide the most effective psychotherapeutic experience. If you feel that your counselor is not a good match for you, we encourage you to discuss this matter with your current counselor. Alternatively, you can speak with the SCS Director. Either of these options can facilitate a transfer to a different counselor if necessary.

We are interested in any positive or negative feedback you may have regarding the services you receive. You will have an opportunity to provide feedback at various times during the semester on our evaluation form. You are, of course, welcome to provide us with feedback at any time during the therapy process.

## **Staff Qualifications:**

Your counselor may be a psychologist, counselor, social worker, or a graduate level psychology or counseling trainee. Any trainee will be supervised by licensed/certified staff. We may seek your written consent to video or audio tape your counseling sessions. This is done so that a counselor and their supervisor can review sessions in order to aid the counseling process. These tapes are confidential and kept in a secure location and erased after use.

*If you believe your rights have been violated in any way, contact the SCS Director, Leigh Jensen, Ph.D., L.C.S.W., at 662-325-2091.*

**Mississippi State University Student Counseling Services  
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

All information describing your mental health treatment and related health care services ("mental health information") is personal, and we are committed to protecting the privacy of the personal and mental health information you disclose to us. We are required by law to maintain the confidentiality of information that identifies you and the care you receive. If we disclose information to other persons and companies to perform services for us, we require them to protect your privacy, too. We are required to give you this Notice about our privacy practices, your rights and our legal responsibilities. This Notice is effective as of April 1<sup>st</sup>, 2011.

**WE MAY USE AND DISCLOSE YOUR MENTAL HEALTH INFORMATION:**

For TREATMENT For example, we may give information about your psychological condition to other health care providers to facilitate your treatment, referrals or consultations. This will happen with your written consent unless you are in urgent need of care.

For PAYMENT For example, if your care requires payment (counseling will not) we may contact your insurer to verify what benefits you are eligible for, to obtain prior authorization, and to receive payment from your insurance carrier.

For HEALTH CARE OPERATIONS For example, we share information among staff to review the quality of care provided, for performance improvement or for the training of health professionals.

For APPOINTMENTS AND SERVICES to remind you of an appointment, or tell you about treatment alternatives or health related benefits or services.

To INDIVIDUALS INVOLVED IN YOUR CARE, such as your parent/guardian, if you are under 18.

WITH YOUR WRITTEN AUTHORIZATION We may use or disclose mental health information for purposes not described in this Notice only with your written authorization.

**WE MAY USE YOUR MENTAL HEALTH INFORMATION FOR OTHER PURPOSES WITHOUT YOUR WRITTEN AUTHORIZATION:**

As REQUIRED BY LAW when required or authorized by other laws, such as the reporting of child abuse, elder abuse or dependent adult abuse.

For HEALTH OVERSIGHT ACTIVITIES to governmental, licensing, auditing, and accrediting agencies as authorized or required by law including audits; civil, administrative or criminal investigations; licensure or disciplinary actions; and monitoring of compliance with law.

In JUDICIAL PROCEEDINGS in response to court/administrative orders, subpoenas, discovery requests or other legal process.

To PUBLIC HEALTH AUTHORITIES to prevent or control communicable disease, injury or disability, or ensure the safety of drugs and medical devices.

To LAW ENFORCEMENT, for example, to assist in an involuntary hospitalization process.

For RESEARCH PURPOSES subject to a special review process, and the confidentiality requirements of state and federal law. Research data would only be reported in aggregate.

To PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY of an individual. We may notify the person, tell someone who could prevent the harm, or tell law enforcement officials.

**YOU HAVE THE FOLLOWING RIGHTS:**

1. To Receive a Copy of this Notice when you obtain care.
2. To Request Restrictions You have the right to request a restriction or limitation on the mental health information we disclose about you for treatment, payment or health care operations. You must put your request in writing. We are not required to agree with your request. If we do agree with the request, we will comply with your request except to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide the emergency treatment.
3. To Inspect and Request a Copy of your Mental Health Record except in limited circumstances. A fee will be charged to copy your record. You must put your request for a copy of your records in writing. If you are denied access to your mental health record for certain reasons, we will tell you why and what your rights are to challenge that denial.
4. To Request an Amendment and/or Addendum to your Mental Health Record. If you believe that information is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record) of no longer than 250 words for each inaccuracy. Your request for amendment and/or addendum must be in writing and give a reason for the request. We may deny your request for an amendment if the information was not created by us, is not a part of the information which you would be permitted to inspect and copy, or if the information is already accurate and complete. Even if we accept your request, we do not delete any information already in your records.
5. To Receive An Accounting of Certain Disclosures we have made of your mental health information. You must put your request for an accounting in writing.
6. To Request That We Contact You By Alternate Means (e.g., fax versus mail) or at alternate locations. Your request must be in writing, and we must honor reasonable requests.

**CHANGES TO THIS NOTICE:** We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on our website: <http://www.health.msstate.edu/scs/>.

**CONTACT INFORMATION:** If you have any questions about this Notice, or to file a complaint, please contact the Director of Student Counseling Services, Leigh Jensen, Ph.D., L.C.S.W., in writing at P.O. Box NL, Mississippi State, MS 39762 or by telephone at 662-325-2091. There is more information about Health Information Privacy at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa). **You will not be penalized for filing a complaint.**