

SUNY POLYTECHNIC INSTITUTE

Wellness Center: Counseling Services
Campus Center, Suite 217
100 Seymour Road
Utica, NY 13502
Phone: 315-792-7172
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Rights, Privacy, Responsibilities and Consent for Treatment of a Minor

Your student is requesting counseling services at SUNY Poly Wellness Center. However, because they are under 18 years of age, parental consent is necessary for them to receive services. The purpose of this form is to describe the services offered and inform you and your student's rights and responsibilities regarding our services.

Rights

1. **Eligibility:** Counseling services including telehealth services are available to registered full and part time students.
2. **Services Available:** At the end of the intake session, if further services are indicated, the counselor may recommend individual and/or group counseling, suggest further evaluation, or refer a student to other services on or off campus. Occasionally some students find that the initial consultation meets their needs and require no further services.

We provide short-term individual and group counseling. A student has the right to refuse services. The counselor may be a licensed mental health counselor, licensed clinical social worker or a licensed marriage and family therapist.

3. **Prompt Service:** A student will be seen for services in a timely manner. We are a small office with only two counselors on staff, so we do our very best to try to get students in as quickly as possible. However if a student experiences a crisis they should contact The Wellness Center immediately if it occurs within standard business hours and describe their emergency in order for The Wellness Center to ensure they get seen that day. If the crisis occurs after 5:00pm the student is encouraged to contact University Police if they live on campus and 911 of MCAT if they live off campus.
4. **Respect:** SUNY Poly counselors will respect each student as an individual and convey this respect by providing quality care, keeping appointments or contacting the student if a change in time is necessary, and by giving complete attention during sessions.

Confidentiality

Counseling sessions are strictly confidential. As licensed therapists, we take this very seriously; and The Wellness Center adheres to state laws and professional ethical standards which require us to keep all client information in confidence. The Wellness Center is a combined medical and counseling center which means information between

the disciplines will be shared as deemed appropriate for collaborative and coordinated clinical care. We will not disclose that you have had an appointment to others without your consent. Emergency circumstances, however, are an exception to confidentiality. These rare exceptions to confidentiality are:

- Imminent harm to self or others: If a staff member has reason to believe that you are in danger of physically harming yourself or someone else.
- Abuse of children or the elderly: If a staff member has reason to believe that a child under the age of 18 or an elderly person is being abused or neglected.
- Minors: Per NYS Mental Hygiene Law, a minor is required to have parental or guardian consent in order to receive outpatient mental health treatment.
- In legal cases, licensed mental health care providers or mental health records may be subpoenaed by the court.
- You may choose to contact your counselor through e-mail. Please know it is not a completely secure or confidential means of communication. It is advised in order to protect your confidentiality completely it would be best to share personal information with your counselor on the telephone or in your video session.

The Student's Responsibilities

1. **Participation:** Active participation in the counseling process is necessary for progress to be made. It is important that a student notifies the counselor if problems worsen.
2. **Cancellations:** It is the student's responsibility to keep scheduled appointments unless rescheduled or cancelled at least 24 hours in advance.
3. **Feedback:** The Counseling staff is interested in any feedback you may have regarding the services you receive. If for any reason you are not satisfied with the counseling process, we encourage you to discuss this with your counselor. If you do not feel your counselor is listening or feel uncomfortable with that step, students can contact Jo Ruffrage, Wellness Center Director.

I am the parent or legal guardian of _____
(Student's Name: Print)

I have received a copy of the SUNY Poly Parental Consent for Treatment Form. I have read and fully understand the information contained in this form. I hereby give my permission to the counselors at the SUNY Poly Wellness Center to engage in counseling services with my minor child.

Student's Name (Print)

Student's Date of Birth

Name of Parent/Legal Guardian (print) & Date

Signature of Parent/Legal Guardian & Date

This form will be faxed, mailed or emailed to a parent. Please return this form to the SUNY Poly Wellness Center to the fax number, postal address on this form or in an email attachment to your student's counselor. The counselor may also elect to verify parental consent upon receiving the signed consent form.