

**Psychological Services
Health and Wellness Center
Santiago Canyon College**

COUNSELING CONTRACT

DEPOSIT PROCEDURE

A \$5 deposit is required for psychological counseling. This deposit is also required if there are no appointments available and you are placed on a waiting list. Your deposit will be held until your sessions have been completed for the semester. Please understand it is your responsibility to pick up the deposit before the last week of the semester or it will not be refunded.

CANCELLED/MISSED APPOINTMENTS

Treatment consistency is an important part of the therapeutic process. If I choose to cancel my appointment, I risk losing my appointment time with the therapist. If an appointment is missed without 24 hour prior notice to the Health and Wellness Center (714-628-4773), my appointment deposit will be forfeited. Subsequent appointments will require incremental increases in deposit for missed appointments.

If you are providing care to a child, you are responsible to make your own childcare arrangements. If you present for a therapy appointment with a minor child it is considered a missed appointment.

CONFIDENTIALITY

All information will be held in strict confidence. I will authorize release of information with my signature, or in these specific disclosures as required by law:

1. I present a physical danger to myself
2. I present a danger to others
3. Child/Elder abuse or neglect are suspected

NECESSARY INFORMATION

I must disclose all previous counseling/psychological services and hospitalization(s) to enable the Health and Wellness Center to provide adequate standard of care.

TREATMENT PROVIDER

All counseling services are provided by licensed clinical psychologists.

CONSENT FOR TREATMENT

I understand the above and authorize psychological treatment and/or diagnostic testing to occur during the course of my care as advisable. I also understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable.

I have read and acknowledge responsibility for appointment cancellation policies established by the Health and Wellness Center.

Name Printed

Student Signature

Date

Witness

Date