

Wabash College Counseling Center - Client Rights

- To participate in and to consent to treatment.
- To participate in developing an individual plan of treatment.
- To receive an explanation of services in accordance with the treatment plan.
- To object to, or terminate, treatment.
- To have records protected by confidentiality and not be revealed to anyone without client's written authorization, except where authorized by Federal and State law.
- To have access to a summary of one's records.
- To receive clinically appropriate care and treatment that is suited to their needs or to be directed where such care may be available.
- To be treated in a manner that is ethical and free from abuse, discrimination, mistreatment, and/or exploitation.
- To be treated by staff who are sensitive to one's cultural background.
- To be free to report grievances regarding services, or staff, to the Dean of Students.
- To be informed of expected results of all therapies prescribed, including their possible adverse effects.
- To request a change in counselor.

Please bring the completed documents to the first appointment

Wabash College Counseling Center

Crawfordsville, IN 47933

(765) 361-6252

RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received the *Family Educational Rights and Privacy Act (FERPA) Guidelines for Wabash College*.

Client's Printed Name: _____

Client's Signature: _____

Date: _____

Witness Signature: _____

Date: _____

8/12



Family Educational Rights and Privacy Act (FERPA)

Guidelines for **Wabash College**

Wabash College
Office of the Registrar
P.O. Box 352
301 W. Wabash
Crawfordsville, IN 47933
765-361-6245

Availability of Student Records and Graduation Rates

The Registrar's Office will not release academic information (transcripts, grade averages, class rank, etc.) electronically (telephone, fax, or e-mail) to any individual, including the student. Requests for such information must be submitted in writing bearing the student's signature. Faxed requests are acceptable provided they bear the student's signature. E-mail requests are acceptable providing they have a letter bearing the student's **handwritten** signature attached. Please allow two working days for processing of information and transcript requests.

Replacement diplomas will NOT be issued in any name other than that certified (on record) at the time of graduation.

Student Education Records

The Family Educational Rights and Privacy Act (FERPA) provides certain rights with respect to education records. These rights include:

(1) **The right to inspect and review the student's education records within 45 days of the day the College receives a request for access.** A student should submit to the Registrar a written request that identifies the record(s) to be inspected. The registrar will make arrangements for access and notify the student of the time and place during regular business hours where the records may be inspected. A Wabash official will be present during the inspection.

(2) **The right to request the amendment of the student's education records that the student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.** A student who wishes to ask the College to amend a record should write the College official responsible for the record, clearly identify the part of the record the requester wants changed, specify why it should be changed, and send a copy of the letter to the Registrar as well. If the College decides not to amend the record as requested, the College will notify the student in writing of the decision and the student's right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

(3) **The right to provide written consent before the College discloses personally identifiable information from the student's education records, except to the extent that FERPA authorizes disclosure without consent.** FERPA permits the College to release education records to the parents of a dependent student without the student's prior written consent. A parent must submit sufficient proof of identity and student dependency before he or she will be permitted to receive an education record under this exception. The College may also disclose education

records without a student's prior written consent under the FERPA exception for disclosure to school officials with legitimate educational interests. A school official is a person employed by the College in an administrative, supervisory, academic or research, or support staff position (including security personnel and health staff); a person or company with whom the College has contracted as its agent to provide a service instead of using College employees or officials (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibilities for the College. Upon request, the College also discloses education records without the student's written consent to officials of another school in which a student seeks or intends to enroll. FERPA also permits the College to disclose without a student's prior written consent appropriately designated "directory information," which includes the Wabash student's name; his local college, home, and cell phone numbers; local college and home address; e-mail or other electronic messaging address; age; major field of study; participation in officially recognized activities and sports; class standing; weight and height of members of athletic teams; honors, awards, and scholarships earned; photographs; dates of attendance; degree received; post-graduate plans; and most recent previous educational agency or institution attended. A request that directory information not be released without prior written consent may be filed in writing with the Registrar two weeks prior to enrollment. The foregoing list of FERPA exceptions is illustrative and not exclusive; there are additional FERPA exceptions from the prior written consent requirement. In addition, the Solomon Amendment requires the College to grant military recruiters access to campus and to provide them with student recruitment information, which includes student name, address, telephone listing, age or year of birth, place of birth, level of education or degrees received, most recent educational institution attended, and current major(s).

(4) **The right to file a complaint with the U.S. Department of Education concerning alleged failures by the College to comply with the requirements of FERPA.** The name and address of the Office that administers FERPA is:

**Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5901**

WABASH COLLEGE COUNSELING CENTER

CHAPEL – LOWER LEVEL
CRAWFORDSVILLE, IN 47933

Client Information

Client Name: _____ Age: _____ DOB: _____ Date: _____

Client Type: _____ Student _____ Student Dependent _____ Other _____ Gender: Male _____ Female _____

Class: _____ Freshman _____ Sophomore _____ Junior _____ Senior _____ Grad.Year: _____

Initial Status: _____ Request for Counseling _____ General Information _____ Crisis Contact

Referral Source: _____ Self- Referral _____ Faculty Referral _____ Staff Referral _____ Physician Referral

Referring Person/Program _____

Living Unit: _____ Recent Change? _____

Campus Address: _____
(Street-Route) (City) (State) (Zip)

Home Address: _____
(Street-Route) (City) (State) (Zip)

Where would you like to receive confidential mail? (check all that apply)

Email _____ Email Address? _____
(Note: Information sent over the internet may not be able to be protected.)

Campus Address _____ Home Address _____ **Send No Confidential Mail** _____

How can you be reached by phone?

Cell Ph: _____ (Note: Conversations over cell networks may not be secure or private.)
Campus Ph: _____ Home Ph: _____

Please call me at: Cell _____ Campus _____ Home _____ Is it OK to leave a confidential message? Yes No

Best time to call _____

Additional Authorized Contacts _____ Phone# _____ Rel. _____

Ethnicity/Country of Origin: _____ Marital Status: _____ How Long: _____ # of children: _____

Education: (highest year completed) _____ Currently in school? Yes No Major/Degree: _____

Current Work (include ESH): _____ Time in current position _____ Organization _____

Other Jobs: _____ Military veteran? _____

What concerns/issues brought you here? Why now? _____

Other possible areas of concern that you may be experiencing (please check all that apply):

- _____ Family Relationships _____ Marital Relationships _____ School/Academic Issues
- _____ Problems with Temper or Anger _____ Another's Alcohol/Drugs _____ Stress
- _____ Social Relationships _____ Physical/Medical _____ Legal

Other _____

Client Name: _____

Have you ever seen a professional for counseling? Yes _____ No _____ If yes, who: _____
For what? _____

Are you currently in counseling? Yes _____ No _____ Where? Last session? _____

Who is your primary care physician? _____ Location? _____ Phone# _____

Other specialty care physician? _____ Location? _____ Phone # _____

Please list physical conditions you have been treated for in the past? _____

Are you a current patient at the Student Health Clinic? Yes ___ No ___ Past patient? Yes ___ No ___

For what? _____

Are you presently taking a prescribed medication?

Yes _____ No _____, What: _____

Have you taken a prescribed medication in the past? (Include any meds for Anxiety, Depression, Sleep, ADD, etc.)

Yes _____ No _____, What: _____

Have you used **ANY** alcohol in the last 6 months? Yes _____ No _____ Last use? _____

How often do you have a drink containing alcohol?

_____ **Never** _____ **Monthly or less** _____ **2-4 times a month** _____ **2-3 times a week** _____ **4 or more times a week**

How many drinks containing alcohol do you have on a typical day of drinking? ___ **1 or 2** ___ **3 or 4** ___ **5 or 6** ___ **7 to 9** ___ **10 +**

How often do you have five or more drinks on one occasion?

_____ **Never** _____ **Less than monthly** _____ **Monthly** _____ **Weekly** _____ **Dailey or almost daily**

How do you describe your use of alcohol? _____

Have you ever used **ANY** other drug(s) or abused prescription drugs? Yes _____ No _____

Recently using what drugs? _____ Last use? _____

How often do you use? _____ Amount when used? _____

What drugs have you abused in the past? _____

When? _____

Has your use of alcohol or drugs increased or decreased in the last 6 mo. ? Why? _____

Any history of legal charges, job consequences, or loss of relationship due to alcohol &/or drugs Yes _____ No _____

Have you ever received treatment because of your alcohol or drug use? Yes _____ No _____

Do you or have you ever attended a 12 step meeting or support group? Yes _____ No _____

Are you significantly **ANY** concerned about another person's use of alcohol/drugs? _____

Client Name: _____

PLEASE ANSWER ALL QUESTIONS

Are you currently or have you experienced any of the following:

- Problems with sleep? Y N Appetite? Y N Crying frequently? Y N Loss of interest in daily activities? Y N
 Memory Problems? Y N Concentration Problems? Y N
- Thoughts of harming yourself? Presently? Y N In the past month? Y N
- Thoughts of harming someone else? Presently? Y N In the past month? Y N
- History of / or currently a victim of physical or sexual abuse? Yes No

Explain any yes answer above. Anything further you feel I should know?

Any/other school or job related issues? _____ Absenteeism _____ Tardiness _____ Confusion

_____ Lack of concentration _____ Temper _____ Poor quality work _____ Problem with peers

_____ Difficulty completing tasks _____ Not turning in assignments _____ Problems with faculty _____ Problems with staff

_____ Fatigue _____ Excessive school activities _____ Other _____

The following questions are for referral purposes only.

Health Insurance Carrier: _____

Name of Primary Insured _____ **Primary Insured's DOB:** _____

Primary's Address (if different from client)

ID # _____ **Grp. #:** _____ **Phone number for MH/SA Services?** _____

Primary Insured's company or employer: _____

This above information is true to the best of my knowledge.

Signed _____

Date of intake: _____