



DECLARATION OF PRACTICES AND PROCEDURES: STUDENT

RECORDS AND CONFIDENTIALITY

The North Greenville University Student Health and Counseling staff are committed to protecting the individual client's personal health information. All psychological records and documentation are strictly confidential and are protected by federal and state laws, as well as professional ethics. Student records are covered by the Family Educational Rights and Privacy Act (20 U.S.C. 1232g, 34 CFR 99). Non-student records are covered by the Health Insurance Portability and Accountability Act (45 CFR).

State and federal laws dictate that student, faculty or staff records cannot be released or disclosed without the written consent of the client except under the following conditions:

- In the event of a health or safety emergency
- Threat of harm to self or others
- Suspected child abuse
- Suspected abuse of the elderly or disabled
- Court order or subpoena

NGU does not have the right to read or question counseling records without the written consent of the client, except in the cases noted above.

COUNSELING RELATIONSHIP

We see counseling as a process in which you, the client, and us, the counselors, having come to understand and trust one another, work as a team to explore and define present problem situations, develop future goals for an improved life and work in a systematic fashion toward realizing those goals. The client should be aware that counseling poses potential risks. In working together, additional problems may surface of which the client was not initially aware. If this occurs, the client should feel free to share these new concerns with us.

COMMUNICATION

Phone, email and text are not for confidential or clinical correspondence. Additionally, NGU Counseling staff do not respond to social media "friend requests" or correspondence, and will not use any social media platform, including the @NGUCounseling Instagram account, as a means for providing personal counsel.

CODE OF CONDUCT

As counselors, we are required by law to adhere to the Code of Conduct for practice that has been adopted by our licensing board. A copy of this Code of Conduct is available to you upon request.

COUNSELOR QUALIFICATIONS

All NGU Student Health and Counseling Staff hold at least a master's level counseling or related degree and state licensing.

SERVICES

As licensed counselors, we work with the students, staff and faculty at NGU. Problems dealt with include single adult issues, relationship problems, emotional and behavioral issues, depression, anxiety and other emotionally based difficulties, and pre-marital and marriage issues. We are not physicians (medical doctors) and therefore do not prescribe medication. You may be referred for a medical consultation if one seems appropriate. If psychological testing is necessary, you will be referred to a competent professional.

We approach counseling from a cognitive-behavioral perspective in that patterns of thoughts and actions are explored to better understand the clients' problems and develop solutions. We also approach family issues from a structural perspective in that family patterns, and individual issues are conceptualized within the framework of the family's system. We work with clients various formats, including individually, as couples and as families. We also conduct group therapy.

TELE-COUNSELING PROTOCOLS

I understand that tele-counseling includes the delivery of counseling services via the Microsoft Teams app to facilitate counseling sessions. Tele-counseling will occur primarily through video chat, with telephone as a back-up in case of technological failure.

I understand that I have the following rights with respect to tele-health:

1. I have the right to withhold or withdraw consent at any time. If consent is withheld or withdrawn, North Greenville University students, faculty or staff may meet with a clinician onsite at the NGU Clinic or may request a referral to a local mental health provider.
2. Receiving tele-health services may not be appropriate for students, faculty or staff with:
 - Recent suicide attempt(s), psychiatric hospitalization, or psychotic processing
 - Moderate to severe major depression or bipolar disorder symptoms
 - Moderate to severe alcohol or drug abuse
 - Eating disorders
 - Repeated “acute” crises (e.g., occurring once a month or more frequently)
3. As an NGU student, faculty or staff, to receive tele-counseling services, I must be physically located in the state of South Carolina at the time of the appointment. Tele-counseling services may not be provided across state lines or in international jurisdictions.
4. The laws that protect the confidentiality of my personal information also apply to tele-counseling. As such, I understand that the information disclosed by me during my sessions is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting:
 - Abuse or neglect of a minor (under 18 years old), an elderly person (over 65 years old), or of a person who is developmentally disabled.
 - Intention to seriously injure or kill yourself or another person.
 - A formal court order that is sent to the counselor. I also understand that the dissemination of any personally identifiable images or information from the tele-counseling interaction to other entities shall not occur without my written consent.
5. I understand that there are risks and consequences from tele-counseling, including, but not limited to, the possibility, despite reasonable efforts on the part of the counselor, that: the transmission of my personal information could be disrupted or distorted by technical failures; the transmission of my personal information could be interrupted by unauthorized persons; and/ or the electronic storage of my personal information could be accessed by unauthorized persons.

In addition, I understand that tele-counseling-based services and care may not be as complete as face-to-face services. I understand that if my counselor believes I would be better served by another form of intervention (e.g. face-to-face services) I will be referred to a mental health professional who can provide such services in my area.

Finally, I understand that there are potential risks and benefits associated with any form of counseling, and that despite my efforts and the efforts of my counselor, my condition may not improve, and in some cases may even get worse.

6. I understand that I may benefit from tele-health psychological counseling, but that results cannot be guaranteed or assured.
7. I understand that I have a right to access my personal information and copies of case records in accordance with Federal and South Carolina law.

I have read and understand the information provided above. I have been offered the opportunity to discuss it with my counselor, and all of my questions have been answered to my satisfaction.

8. By signing or electronically signing this document I agree that certain situations, including emergencies and crises, are inappropriate for video/computer-based psychological and counseling services. I understand that I have the following responsibilities with respect to tele-health:
 - I agree that no one will record the session(s) without the explicit permission from others.
 - I agree to try my best to meet for tele-counseling in a quiet, private space that is free from distractions (including cell phones, others nearby).
 - I agree to try my best to use a secure internet connection rather than public/free Wi-Fi, for confidentiality and privacy purposes.
 - I will provide the counselor with my exact physical location each time we meet for tele-counseling.
 - I will provide the counselor with an accurate emergency contact, who will only be contacted in the event of an emergency for the purposes of my well-being and safety.

I understand that:

- If I am in crisis or in an emergency, I should immediately call NGU Campus Safety and Security at 864.977.7777, or call 911, or seek help from a hospital or health care facility in my immediate area. I understand that emergency situations include if I have thought about hurting or killing myself or another person, if I have hallucinations, if I am in a life-threatening or emergency situation of any kind, if I am having uncontrollable emotional reactions, or if I am dysfunctional due to abusing alcohol or drugs.
- I acknowledge that if I feel suicidal or homicidal, I am to call Campus Safety and Security at 864.977.7777, 911, or the National Suicide Hotline at 988, or other suicide helplines.

EMERGENCY SITUATIONS

If an emergency should arise, you may seek help through Campus Security at 864.977.7777 or hospital emergency department facilities or by calling 911.

PHYSICAL HEALTH

Physical health can be an important factor in the emotional well-being of an individual. If you have not had a physical examination in the last year, it is recommended that you do so and list any medications that you are now taking.

APPOINTMENTS

NGU Student Health and Counseling staff provides short-term individual counseling services, which include up to six sessions. Beyond the sixth session, additional sessions may be scheduled at the counselor's discretion, or outside referrals will be made to ensure the best therapeutic outcomes.

If you cannot attend a scheduled appointment, please let us know at least 24 hours in advance so that we can schedule other people. Please visit the Counseling Services webpage at go.ngu.edu/counseling for hours and contact information.

No Show Policy: If a scheduled appointment is missed without the counselor being notified, it will be the client's responsibility to follow up regarding rescheduling by email or phone call. The counselor will only contact a student after a missed appointment if the client has already been assessed and deemed to be high-risk or in crisis.

CLIENT RIGHTS

These are the expectations that you, as a counseling client, have a right to expect in any visit:

1. Treatment without discrimination based on race, ethnicity, religion, sex, gender identity, sexual orientation, national origin, age, disability or veteran status.
2. Care that is considerate, compassionate and respectful.
3. Participation in treatment decisions.
4. Appropriate assessment and therapy.
5. Complete and current information concerning your symptoms, treatment and expected outcome in terms you can be reasonably expected to understand.
6. Receive information regarding treatment options.
7. Refuse treatment and be informed of any potential consequences.
8. Confidentiality to the extent consistent with care.
9. Privacy of all records pertaining to your treatment, except as required by law or when life is in danger.
10. Access the information contained in your records within the limits of the law.
11. Continuity of care and to be informed of the possibility of continuing recommendations following the end of treatment.
12. A safe environment free from mental, physical, sexual and verbal abuse as well as neglect and exploitation by staff, students and visitors.
13. Report concerns about client care and safety.

CLIENT RESPONSIBILITIES

These are the responsibilities of a client to the provider of counseling services.

1. Provide accurate information on problems and symptoms, including physical, mental and emotional distress, personal history, and medications.
2. Help us assess your problem, and inform us if the treatment is not effective. We can refer you to another competent counselor if necessary.
3. Tell us if you don't understand instructions and/or information.
4. Keep appointments.
5. Follow treatment plan and agreed-upon recommendations.
6. Clearly state refusal of treatment.
7. Follow NGU rules and regulations.

8. Consider the rights of other clients and staff.
9. Become informed of the scope of other services and resources offered by NGU that could also help address the treatment issues.
10. If you are currently receiving services from another mental health professional, please inform us of this and grant us permission to share information with this provider so that we may coordinate our services to you.

ETHICS

In the event that your counselor is unable to provide the services you require, you will be referred to another competent counselor to meet your needs.

The information you share in a session is confidential. However, we are mandated by "Duties to Warn" to break confidentiality if any of the following is discovered:

1. You are threatening harm to yourself or to commit suicide
2. You are threatening harm to another or to commit homicide
3. A child has been or is being abused or neglected
4. A vulnerable adult has been abused or is being abused or neglected
5. In the event of a health or safety emergency
6. Court order or subpoena

Any type of sexual behavior between counselor and client is a violation of state ethics code and is always inappropriate. The highest professional standards will be practiced.

Should the client request information to be shared with a third party, the client must sign a Release of Information form. This form is available on this website and can be printed and faxed or mailed to NGU Counseling, P.O. Box 1892, Tigerville, SC 29688. Fax: 864.977.2922.

NGU Counseling staff follow the code of ethics of the South Carolina Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-Educational Specialists.

INFORMED CONSENT

To obtain counseling services, a Consent for Treatment form must be signed and submitted before or at the first session. You may find this form by visiting go.ngu.edu/counseling. Your signature verifies that you have read the NGU Counseling Declaration of Practices and Procedures and consent to treatment. You may have a copy if you wish. It is important to understand that the counseling process might have some uncomfortable challenges. Please ask questions prior to leaving the sessions and carefully consider potential consequences prior to making any personal decisions.

NGU Counseling Services can be reached daily between 8:30 a.m. and 5:00 p.m. Monday through Thursday and 8:30-Noon on Fridays. Please leave a voice message if no one is available, and your call will be returned as soon as possible.

If you have a true emergency and counseling is unavailable, or it is after 5:00 p.m., contact Campus Security at 864.977.7777, the hospital emergency department or The Carolina Center for Behavioral Health at 864.235.2335. Any texts or emails from NGU counselors will only be made to schedule an appointment and not for clinical information.

As stated above, NGU Counseling follows the ethical guidelines of the SC Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists and Psycho-Educational Specialists. This board can be reached at:

Physical address

Synergy Business Park, Kingstree Building
110 Centerview Drive
Columbia, SC 29210

Mailing address

Synergy Business Park, Kingstree Building
Post Office Box 11329
Columbia, SC 29211-1329
Phone: 803.896.4658