



# BEMIDJI STATE UNIVERSITY

**Student Center for Health & Counseling**  
**1500 Birchmont Drive NE #42**  
**Bemidji, MN 56601**  
**218-755-2053**  
**218-755-2750 fax**

**Welcome to Counseling.** I am glad that you are here and look forward to working with you.

**Scheduling:** You can book on-line or by e-mailing me. Please cancel 24 hours in advance whenever possible. We have limited availability therefore services may be suspended if a client repeatedly does not keep appointments. Such action may be considered after the third such occurrence.

**Emergency:** Bemidji Area Mental Health Crisis Line: 1-800-422-0045. To contact the Crisis Text Line, text MN to 741741

**Billing:** There are no fees associated with these sessions.

**Length of Treatment:** The Student Center for Health and Counseling offers short-term counseling. Our sessions will last approximately 45 minutes unless otherwise arranged. I expect that we will develop a treatment plan together. The number of weeks we plan to meet is determined by the treatment plan, progress made and your comfort level.

**Benefits and Risks to Counseling (Secondary Effects):** I cannot promise a specific outcome, however there are a number of positive outcomes that can result from short-term counseling. The extent of benefits usually depends on such things as the specific issues or difficulties you hope to address, the goals you have set, and the degree of follow through with treatment. All of the benefits may not apply to you. The following list is not exhaustive; there are certainly other benefits not listed.

Commonly identified Benefits:

- Improved mood
- Increased self-esteem and self-confidence
- Increased ability to set goals and achieve them
- Increased ability to manage stressful life events/circumstances
- Increased ability to manage strong emotional reaction: anger, fear, sadness.
- Increased ability to trust, feel close to people and communicate your feelings, thoughts and needs openly
- Increased ability to stop behaviors that are not beneficial to you and start engaging in healthy behaviors



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**Potential Risks Associated with Counseling:** The following list is not exhaustive, as each client situation is unique.

- You may not experience improvement or movement toward your goals.
- You or I may decide to change your treatment, discontinue treatment or refer you to a different type of therapist/specialist, or program
- In the beginning some feelings or behaviors may get worse
- For example if you talk about a very upsetting life event you may experience strong negative thoughts and emotions or a belief that things will never get better. The intensity of these thoughts and feelings is usually temporary. Discussing these things is often an important part of therapy and we will identify ways of handling them.
- Important people in your life may not support your decision to be in therapy
- If you are concerned about others' reactions, tell me. We can discuss how and to whom you wish to disclose that you are in therapy
- People may not be supportive of the changes you are making while in therapy
- You may develop strong positive feelings for me and feel sad or distress when therapy ends.
- A trusting therapeutic relationship is a vital aspect of counseling that enables clients to be able to discuss personal thoughts, feelings and experiences; however, it is never appropriate for the client or counselor relationship to become romantic, physical, or sexual. I will assist you in finding a different counselor should these feelings develop.

You are encouraged to discuss any fears, concerns, or doubts you have with your counselor, including specific risks and benefits not listed that may be associated with your situation.

**Confidentiality:** Our privacy policies are guided by Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability Act & Accountability Act (HIPPA.) when applicable. Counselors may consult with other providers in the SCHC in order to provide the student with the best help available. Records will not be released to any other persons outside of the SCHC or another agency without the student's written consent, using the "Release of Information" form, except in the cases described below.

**Mandated reporting:** Ethical guidelines state that under the following circumstances I must follow appropriate reporting procedures.

- If you present a danger to yourself or another person
- If you were abused physically or sexually or neglected as a child, and if another minor child is currently at risk of being abused or neglected by the person who abused you.
- If you are under 18-years-old and disclose abuse or neglect.
- If I learn that an elderly person, dependent adult or minor child is being abused or neglected.
- If you have physically or sexually abused a minor child and those children or other minor children are at risk of ongoing abuse.



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- If a valid subpoena is issued for my records, or my records are otherwise subject to a court order or other legal process requiring disclosure.

**Communication:** Electronic mail is not a secure, confidential means to share information. Students may choose to receive email from SCHC by checking the box below. All e-mails from SCHC staff to students will additionally include a reminder of the risks of using email. Wherever possible, staff will attempt to use the most confidential means of communication with or about clients.

**I agree to electronic communication from SCHC staff.** \_\_\_\_\_

Student Initials

Client Signature \_\_\_\_\_

Date: \_\_\_\_\_

Client Typed Name \_\_\_\_\_