



# Talley Family Counseling Center

WKU Department of Counseling and Student Affairs

Talley Family Counseling Center | Western Kentucky University | Bowling Green, KY 42101 | (270)745-4084

## **Informed Consent Form**

As a client of the Talley Family Counseling Center (TFCC) our foremost priority is offering you the help you need. In order to ensure that you receive quality assistance, we want you to know the specific rights you have as a client and what you can expect from the counseling process. You have the right:

- To work with the counselor in deciding what goals to pursue in counseling and how to pursue them.
- To ask questions or voice concerns regarding counseling techniques or your progress in counseling.
- To experience an atmosphere of safety and trust where you are free to be yourself, express concerns.
- To refuse any counseling recommendation, technique, or service.
- To request a different counselor should you experience difficulties with your current counselor, after you make efforts to work out those difficulties as well as a right to complain without retaliation.

Counseling services at the TFCC are confidential. Some limits to this confidentiality are expressed on the "Permission to Audio/Videotape" form. Also, we are mandated by state law to break confidentiality if we have any suspicion of child abuse, or any indications that you or a family member are a danger to yourself or to someone else.

Counseling services at the TFCC are free of charge. The center was designed to train counseling students in the Counseling and Student Affairs program at Western Kentucky University. Therefore, all counselors are graduate students under the supervision of licensed professional clinical counselor. Services are available during the fall, spring, and summer semesters. Should your counseling needs exceed a semester, you may be referred to another counseling intern or provider at the beginning of the new semester.

Regular sessions are important to your progress in counseling. However, we cannot hold time available for you if you regularly fail to use it. Therefore, we ask you to commit to scheduled sessions, to be on time, and to notify us 24 hours in advance should you be unable to attend your scheduled session.

By signing your name below, you indicate that you have read the above information, that you understand it, and that you have had the opportunity to ask your counselor any questions you have about it.

### **Permission for Treatment/Services of a Minor**

I am the legal parent/guardian of the client and I do hereby grant my permission for the staff of The Talley Family Counseling Center to render treatment and/or services to \_\_\_\_\_. Furthermore I certify that I have full legal right to grant such permission and I am not being coerced to receive these services.

Client/Parent/Guardian (circle one): \_\_\_\_\_ Date: \_\_\_\_\_

Witness to signature(s): \_\_\_\_\_ Date: \_\_\_\_\_