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**Notice of Privacy Practices/Informed Consent**

Updated on June 3, 2025

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**Confidentiality: How Your Privacy Is Protected**

Counseling is confidential. We will use and protect your information in compliance with the Family Education Rights and Privacy Act (FERPA), the Illinois Mental Health and Development Disabilities Code, and the Illinois Mental Health and Development Disabilities Confidentiality Act.

Counseling records are kept separate from academic, disciplinary, and medical records to ensure your privacy and confidentiality. The Counseling Clinic uses an electronic record-keeping system that is maintained on a secure server. All Counseling Clinic staff, Executive Director of Health and Counseling, and computer support technicians have access to the electronic health record server. Further, all Counseling Clinic staff and computer support technicians sign a binding confidentiality agreement that prohibits the unauthorized release of client information. To further protect your confidentiality, Counseling Clinic staff members do not acknowledge that they are familiar with clients while outside the Clinic, unless the client acknowledges the staff member first. Communications from our office may be delivered by various technology based on client consent (i.e. letter, phone, email). Please be aware that should we attempt to call you, our number may come up as “Restricted” or “No Caller ID” on the caller identification of your phone.

Information obtained during counseling sessions will not be disclosed to anyone outside the Clinic without your knowledge and written consent. The exception to this is for professional supervision when only non-identifiable information is disclosed. If you sign a written authorization allowing us to disclose information, you can later cancel your authorization in writing, and we will not disclose any further information after we receive your cancellation.

The only exceptions to these strict confidentiality rules are rare instances where psychologists and counselors are required to reveal particular information by federal, state, or local laws. Such exceptions include when:

* We believe that a client presents with a serious and foreseeable harm and/or imminent danger to herself/himself or another person unless protective measures are taken. This may include notifying family members or other emergency contact, contacting the police, or seeking hospitalization for the client. If any of these situations occur, every effort will be made by your therapist to fully discuss the situation with you before taking any action.
* We have reasonable cause to believe that a child, adult over 60 years old, or an adult with a disability is being abused, neglected, or exploited.
* We receive a valid court order signed by a judge.
* We are approached by authorized federal officials for information related in national security and intelligence activities.
* We need to seek advice from Eastern Illinois University Legal Counsel.
* Information may be shared with Eastern Illinois University Student Support Team or Threat Assessment team, when there is information that involves a threat of harm to self or others. Only relevant and pertinent information should be shared.

**Confidentiality: Clients Under 18 Years of Age**

A minor is defined as a person under the age of 18. In Illinois, minors aged 12 and over, may consent to outpatient counseling, without parental consent. They are limited to eight sessions. Minors can access more than eight sessions if the provider believes it is in the client’s best interest to continue and parental involvement would be detrimental to the minor’s well-being. Providers may not notify the parents without the client’s permission. However, a parent or guardian can obtain psychological records of minors aged 12 and over if the provider does not find compelling reasons for denying access.

**E-mail and Text Messaging Policy**

Email and/or text messages may be utilized for non-confidential information such as appointment reminders, to touch base with you or as a follow up if you are unreachable by phone. Because e-mail/text message is not a secure form of communication, the EIU Counseling Clinic staff will limit their use of e-mail/text message communications to the following purposes:

* To provide you with a reminder e-mail or text message for your individual or group appointment
* To notify you of appointments not attended or canceled that impact your access to therapy based on our Cancellation/No-Show Policy
* If we are unable to reach you by phone and your counselor needs to reschedule your individual or group appointment
* To acknowledge your e-mail message regarding appointment cancellations
* To send resources, handouts, and/or referral information as needed

EIU Counseling Staff cannot provide counseling interventions through email.

**Training/Supervision:**

To ensure you receive the highest quality care, your counselor may consult with or receive supervision from other Counseling Clinic clinical staff. The Associate Director and clinical supervisors may also review documentation and case files as needed for oversight and support. Some services are provided by graduate-level interns who are carefully selected and trained by the Clinic. These interns may record sessions for supervision and training purposes. Recordings are kept securely within the Clinic and are deleted immediately after being reviewed by the intern and their supervisor. Recordings are only made with your written consent and are handled with the same strict confidentiality as all other client information.

**Research:**

The Counseling Clinic collects client information for our own internal planning, quality assurance, accreditation efforts, to meet reporting mandates, and to educate the University’s faculty and staff about the issues and needs confronting Eastern students. All data is presented in group form, and to maintain confidentiality, no information about individual students is provided.

**As a Client, You Have the Right To:**

* Request and provide written authorization to release information. You have the right to revoke your authorization in writing at any time.
* Review your file with your counselor and to request a treatment summary.
* Request that your counselor amend any information in your file that you believe is incorrect or incomplete. Your request must be in writing and must explain the reason(s) for the amendment. We will consider your request, but we are not legally required to amend your record if we believe it is accurate and complete. In that case, you may respond with a written statement of disagreement and ask that the statement be included with your record.
* Request that communications from our office be delivered via alternative means or at alternative location.
* Request an accounting of disclosures of information made about you. Other than the exceptions previously outlined, no disclosures will be made about you without your written consent.
* Obtain an additional copy of our Privacy Practices at any time during treatment.
* Informed consent to treatment, meaning the right to participate voluntarily in assessment and treatment.
* Revoke consent for treatment at any time.

**Access to Records**

Students may have access to their Progress Notes and Appointment Summaries electronically through their patient portal. If you need your full clinical record, it is recommended that the you speak with your personal counselor and/or Counseling Clinic front desk staff. Please allow two weeks for Counseling staff to compile records. If you want records sent to a third party or another therapist, the you would be asked to sign a Release of Information to the receiving third party. In compliance with EIU records policies and American Psychological Association guidelines, EIU Counseling Clinic expunges all client records ten years from the last client contact date.

Please note: Because these are professional records, they can be confusing, or in some cases, may be easily misunderstood. For this reason, it is recommended that you initially review your records in the presence of your therapist or have them forwarded to another mental health professional so you can discuss the contents.

**The Counseling Clinic Has the Responsibility To:**

* Maintain the privacy and confidentiality of the information you share with us. We will not use or disclose your protected information without your authorization, except as described in this notice.
* Abide by the terms of this notice for as long as it is in effect. We reserve the right to change our practices and to make the new provisions effective for all protected information we maintain. Should our information practices change, we will create and post a revised notice.
* Notify you if we are unable to agree to a requested restriction.
* Accommodate reasonable requests you may have to communicate information by alternative means or at alternative locations. E-mail is not a permissible means of communication due to concerns about the confidentiality of electronic transmissions.

**Questions or Complaints:**

If you are concerned that we have violated your privacy rights or disagree with a decision we made about access to your records, you may contact the Associate Director of the Counseling Clinic (or appointed designee) at (217) 581-3413 and/or the University Privacy Officer at (217) 581-7105. All complaints must be submitted in writing. If you file a complaint, we will not take action against you or change our treatment of you in any way.

Students also have the right to request a change in counselors if they feel their counselor has violated their rights or the client is no longer benefiting from their current counseling arrangement. All requests to change counselors will be reviewed by the Counseling Clinic Associate Director.

**Eligibility for Services and Limitations:**

A student must be currently enrolled at Eastern Illinois University to be eligible for counseling services. In the summer, students may have one consultation session if they are enrolled in Fall classes. EIU Counseling Clinic offers initial appointments, short-term individual counseling, crisis services, group counseling, consultations, and referral services. Students with more specialized counseling needs, including those who would benefit from longer-term counseling, may be provided with appropriate referral information for treatment in the community. All decisions to refer students out of EIU Counseling Clinic will be made solely on basis of clinical judgement and availability of necessary resources. Students may be referred out of the counseling clinic if:

* The student needs to be seen individually once a week or more often.
* The student displays symptoms out of the score of EIU Counseling Clinic, indicating more specialized or intensive counseling services.
* Client displays high needs that would require more than the clinic can provide
* The students’ symptoms get worse despite following through treatment recommendations.
* The student may not display motivation for change and may not be ready for counseling services.
* The student may be recommended to try an additional resource or skill based on the Stepped Care Model and Clinical Judgment of counseling staff.
* The student already has a strong relationship with another treatment provider and may be encouraged to continue with that provider.
* The student may secure an appointment in the community more quickly.
* Client is unable to meet the demands of active participation in therapy
* The student needs appointment times outside of the EIU Counseling Clinic operating hours.

Frequency and duration of counseling services will be determined by your counselor. Clients are typically limited to no more than 8 sessions a semester (biweekly). At times, a client may need to be seen more frequently, which is determined by the counselor’s clinical judgement and Associate Director of Counseling Clinic.

In accordance with APA Ethical Guidelines students may see only one individual therapy provider at a time; therefore, if a student is already receiving mental health services outside of EIU they are encouraged to continue working with that provider. Students who wish to discontinue seeing their outside provider and start seeing a counselor at Counseling Services may discuss this with Counseling Clinic Staff during their initial appointment.

The EIU Counseling Clinic does not provide psychological testing, medication, or formal diagnosis. The Counseling Clinic also does not make final any final decision regarding emotional support animals, Medical Withdrawals, Medical Leave of Absence, Accommodations, and Housing Appeals.

**Emotional Support Animals**

The EIU Counseling Clinic does not formally prescribe emotional support animals (ESA), make final ESA determinations, nor does the EIU Counseling Clinic accept new clients who are solely looking for an ESA. Students solely seeking an ESA recommendation will be encouraged to seek recommendations from current or past off-campus service providers/clinicians. If the student does not have a past or current clinician available to make an ESA recommendation, they should seek appropriate counseling services off campus necessary to acquire an ESA recommendation. Additionally, it is not ethical for counselors to write ESA letters or complete paperwork simply to allow clients to bring pets to non-pet friendly housing and override animal restrictions.

There may be extenuating circumstances in which an EIU counselor has an existing relationship with a student and may prescribe an ESA rather than jeopardizing the client/counselor relationship and referring the student to another provider. In these situations, the counselor must get approval from the Associate Director before prescribing an ESA.

**Initial Appointment:**

Your first appointment is an initial consultation, so the person you see may or may not become your permanent counselor. The intake counselor will work with you to determine if the Counseling Clinic is able to provide the kind of assistance you need, and which staff member would be most appropriate to work with you. The staff you meet with during the Initial Consultation session, will work with the student to devise an individual plan for the student, potentially linking them with skills and resources both on and off campus. If you need or request services beyond the scope of what we can provide, we will refer you to an appropriate outside agency.

**Individual Counseling:**

You may be recommended to engage in individual counseling following their initial appointment. Services are provided on an appointment basis and an individual session will typically last 45 minutes. Frequency and duration are determined by your counselor. In times of high client volume, appointments may need to be scheduled further out or a waitlist may be implemented. Clients will be contacted from the waitlist as soon as a counselor has an available opening.

There are many different methods you and your counselor may use to deal with the concerns you are experiencing. EIU Counseling Clinic employees strive to offer empathy, insight, and skill building opportunities in a nonjudgmental space. There is no way to predict a student’s counseling experience, as counseling may have both risks and benefits. However, to make the most out of the experience, is the clients responsibility to attend sessions, engage in interventions, and work both inside and outside of session.

Counseling Clinic staff may engage in safety planning with students who pose a risk of harm to themselves or others. Encouraging students to remove access to weapons, sharps, medications, and other potentially harmful items is important to mitigating immediate risks and creating a safer environment for the student. However, counseling clinic staff is not able to physically hold onto harmful items themselves or request students to leave them with other university staff or faculty members as part of safety planning.

**Cancellation/No-Show Policy:**

Regular attendance ensures continuity of care, builds a strong therapeutic relationship, and supports the effectiveness of counseling. We ask all clients to be mindful of their appointments and communicate promptly if they need to cancel or reschedule.

Clients are expected to attend all scheduled counseling appointments. If a client is unable to attend, they must notify the clinic in advance to cancel or reschedule. To ensure that the Clinic is providing services in the most effective manner possible, students must call within 2 hours of their appointment time to cancel, reschedule, or to notify their counselor that they will be late for their appointment.

It is a considered a “No Show” appointment when a student does not show for an appointment without first calling and cancelling. If a student arrives 15 or more minutes late for their appointment, it will be considered a no show, and they will need to reschedule. If a student cancels their appointment, without two hours’ notice, they are considered a Late Cancel. The following polices have been put in place:

* **Health and Wellness Charge:** $15 Health and Wellness charge will be charged to the student and appear in their student account for all appointments in which they are more than 15 minutes late, they do not cancel within 2 hours of their appointment time, or they no-show the appointment. The No-Show/Late Cancellation charge will appear on students’ EIU account/bill as a “Health and Wellness Charge.” Students are made aware of Counseling Clinic Attendance policies through the Notice of Privacy Practices/Informed Consent
  + **No-Show Fee Dispute Form:** There are legitimate reasons for missing an appointment and not canceling it before the date. To dispute a No-Show charge, the client may complete the “No-Show Fee Dispute Form” and return it to the Counseling Clinic for consideration. The granting of the appeal will be determined by the client's counselor and Counseling Clinic administration. **Completing the form does not guarantee a reversal of the $15 Health and Wellness charge.**
* **Service Termination:** If a client **no-shows or Late Cancels three times** within an academic year, they may no longer be eligible for services at our clinic and will be referred to external mental health resources for continued care.
* **Inactive Client:** If a client has been inactive (i.e., has not attended any sessions, nor any communication with counselor) for **30 days** and does not have any upcoming appointments scheduled, their file will be closed in the counselor’s chart. If they wish to resume services, they may need to go through the intake process again and may not be able to get back in with their counselor depending on counselor availability.
* **Frequent Rescheduling:** Frequent rescheduling disrupts the therapeutic process. If a counselor determines that a client is repeatedly rescheduling appointments in a way that hinders progress, the counselor may exercise clinical judgment and refer the client to external services that may better meet their needs.

**Library Agreement**

The Counseling Clinic provides students with library resources that include professional journals, books, and other materials related to mental health. Students can check out one book at a time for up to one month.

**Teletherapy**:

In some cases, teletherapy may not be appropriate, such as if the counselor determines it would not be sufficient or meet your needs. Should you engage in teletherapy, your counselor will be providing teletherapy in space that is private during session. You are responsible for confidentiality of your own environment. It is best if you are in a private location (for example, a room in your home with the door closed) during the sessions, where you can speak without being overheard or interrupted by others. However, your counselor cannot guarantee the privacy or confidentiality of conversations held via teletherapy, as telecommunication can be intercepted either accidentally or intentionally.

Your counselor can offer one of two platforms to conduct teletherapy, should you need or want teletherapy services:

1. Video Counseling: If your preference is to conduct counseling by using a video platform, it will be necessary for you to download Zoom on your phone, tablet, lab top, or desktop. Your counselor will send you access to the video session through your EIU email account.
2. Phone Counseling: If your preference is to conduct counseling over the phone, or if there is difficulty accessing the Zoom platform, your counselor will be calling from an EIU cellphone. It is important to understand that if you are needing to reach your counselor, you are to call the office number at 217-581-3413,

At the beginning of your teletherapy appointment, your counselor will need you to provide the address of your current location, as your counselor is only able to provide teletherapy to individuals located within the state of Illinois. Additionally, if there are any concerns regarding your immediate safety, your counselor may need to provide emergency services with your address.

If there are any concerns about your immediate safety at any time during the teletherapy session and/or at a time when the counseling session gets disconnected, confidentiality will be breached and a call to 911 and/or your emergency contact will be made. Please note that all the confidentiality exceptions listed earlier in this document, still apply during teletherapy.

**Teletherapy Limitations**: It is important to note that there are additional limitations to teletherapy counseling that can affect the quality of sessions. These limitations include, but are not limited to, the following:

* When the sessions are via phone, your counselor cannot see you, your body language, or your non-verbal reactions to the issues being discussed.
* During teletherapy, there is the possibility that sometimes your counselor may not hear all of what you are saying and may need to ask you to repeat things (and vice versa).
* Your counselor cannot guarantee the privacy or confidentiality of conversations held via teletherapy, as again, telecommunication can be intercepted either accidentally or intentionally.

The use of electronic email can be used by the counselor to send zoom appointments, send homework/articles, a mean to contact regarding appointment changes, and emergency purposes. The counseling Clinic does not provide counseling services via email.

The no-show and late cancelation policy still applies for teletherapy sessions.

**Emergency Services**

During regular business hours contact the office at 217-581-3413 and inform the office staff that you are in a mental health crisis. Staff may request that you come in to be seen by a counselor, schedule an appointment, or have someone call back as soon as possible.

In the event the office is close or no one answers the phone please do the following:

* For all medical emergencies or safety concerns immediately contact **911**
* If you are experiencing a mental health crisis, call Life Links -toll free Crisis Line at

**1-866-567-2400**. or **988**

* If you have experienced a sexual assault you may contact **Prevail** toll free 24 hrs. 1-**888-345-2846**.
* If you are the victim of domestic violence you may contact **Hope of East Central Illinois/ Coalition Against Domestic Violence** toll free24 hrs. 1-**888-345-3990**
* If you are in doubt and unsure of what to do or who to call dial **911**

We appreciate your consideration of these policies. Please speak with your counselor if you have any questions.

I have read and understand this information. I consent to the previously outlined policies and procedures. I acknowledge that I have received a copy of the Eastern Illinois University Counseling Center Notice of Privacy Practices/Informed Consent form.

Do we have permission to audio/video record sessions for training purposes? No \_\_\_\_ Yes \_\_\_\_

Do we have your permission to call your cell phone? No \_\_\_\_Yes \_\_\_\_

Do we have your permission to write you at your local address? No \_\_\_\_Yes \_\_\_\_

Do we have your permission to leave a phone message for you? No \_\_\_\_ Yes \_\_\_\_

Do we have permission to contact you by email? No \_\_\_\_ Yes \_\_\_\_

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Signature Date

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“E” Number