

Nanhua University Student Counseling Center Individual Counseling Consent Form

Every student who receives services of individual counseling, consultation or test from this center should read the following description in detail. Any question please refer to counselor immediately.

1. Purpose of service

Psychological consultation, counseling or psychological test is a process to help you in self-understanding and self-exploration. Through this process you can find the better way to solve your current problem and willing to change yourself and grow in the same time.

2. Relationship of counseling

It is a cooperation relationship while you have the right to arrange the order of problem handling, way of handling and depth of conservation. Your genuineness and open mindedness are important for a successful counseling.

3. Confidentiality

- Your information will be kept under confidential and will only be disclosed to necessary person under your consent.
- Disclosable under special situations: Threaten other's or your own life, property and safety; involved in or violated legal liability and notification provisions (Sexual Assault Crime Prevention Act, Domestic Violence Prevention Act, etc.)
- According to Student Transfer Counseling and Service Regulation, the Counseling Center will evaluate the necessity of transferring your case based on your situation of physical and mental while you are going to graduate or leaving the school. You will be informed of relevant rights if your case is handed over to Transfer Counseling and Services Notification System of Ministry of Education.

4. Counseling time

- 50 minutes once a week. Time can be adjust for special situation.
- Counseling frequency is six times and can be adjust.
- If you are unable to attend, please give a call to Counseling Center one day before to take

leave or reschedule it. Center contact number: (05) 272-1001 # _____.

- If you absent or take leave for more than two times except for emergency or irresistible factors, center will not reserve your counseling time. Please apply again if needed.

5. Consent of voice and video recording

In order to assist you more effectively, counselor may request to record voice or video, but you have the right to refuse it.

6. Consent to referral

If necessary, your case will be referred to other more suitable counselors or psychiatrists and your class teacher will be informed. Counselor will ask for your consent and discuss relevant referral information with you.

7. From beginning to end

- During the period of counseling, you are recommended to only consult to one counselor.
- You have the right to end the counseling service after finish consulting with your counselor.

If you have read and fully understood the content and agree to receive the services of the Student Counseling Center, please sign.

Student signature: _____ Date: ____ (YY) ____ (MM) ____ (DD)

Counselor signature: _____ Date: ____ (YY) ____ (MM) ____ (DD)