

**APPENDIX B**  
**Cumberland University Counseling Center**  
**Informed Consent and Confidentiality Form**

Welcome to the Cumberland University Counseling Center! We are dedicated to providing the best possible counseling services to our clients. The Client Information handout, which you have been provided, contains important information about the Center's services. Please read and discuss any questions that you may have with the counselor with whom you meet.

Completion of the attached questionnaire as fully and accurately as possible will facilitate our understanding of your concerns, allowing us to serve you better. Please give careful thought to each item. The information you provide is voluntary; you may omit any items that you do not wish to answer, however, such omissions may affect the services the Counseling Center office can offer you.

Confidentiality

We realize that you might be concerned about what happens to the information you share. All client appointments, personal information, and files are strictly confidential. Information you supply cannot be shared with others except under one of the following conditions:

A) Your prior written consent

*or*

B) As required by law:

- 1) to protect you or others from imminent serious harm
- 2) to protect children and impaired adults from abuse/neglect
- 3) to parents of minors (under age 18)
- 4) by court order or a lawful subpoena

*or*

C) Cumberland University Counseling Center staff reserves the right to seek consultation from each other about your case in the interest of providing you the best services possible. In addition, if your counselor is in training, supervision is always provided by a licensed mental health professional staff member. Your information is treated confidentially by anyone involved in consultation or supervision.

I have read and understand the above statements. I have also read and understand the copy of the Client Information handout I have received. I hereby expressly agree and acknowledge that the information I have provided on the questionnaire was provided voluntarily. I understand that I may ask my counselor for clarification concerning any issue or any request for information, and that I may ask for additional information should I need it. By signing below, I am voluntarily requesting service from the Cumberland University Counseling Center.

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Signature

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Date