



Counseling and Wellness Informed Consent and Professional Disclosure Statement

Counseling and Wellness Services at North Central Michigan College (NCMC)

Individual counseling is a process that can help you explore challenging situations in your life with the goal of developing awareness and skills to work towards improved mental health, personal wellness and success as an NCMC student. Counselors can provide assistance with many issues that may include:

- Anxiety
- Mild to Moderate Depression
- Stress Management
- Test Anxiety
- Grief and Loss
- Family/Social Relationship Issues
- Self-Esteem/Body Image concerns
- Life Transitions
- Sexual Orientation/Gender Identity
- Motivation
- Perfectionism
- Trauma

In-person, virtual or phone options are available. Counselors at NCMC are licensed in the State of Michigan. Our services are available to current NCMC students who are located in the state of Michigan at the time of service. Students who are located outside of Michigan may be supported for an initial consultation only and referred for follow-up with local agencies in their state.

The frequency of appointments is based upon your individual needs as determined by your counselor's professional judgment and available resources. Counseling can, in some cases, evoke unpleasant memories and/or strong emotions related to events in your life. Should feelings like these arise, they will be supported within the context of the counseling process.

North Central Michigan College Counselors:

Joelle Drader MD, MA, LPC

Joelle brings a comprehensive knowledge base to her counseling profession. She studied biology and psychology at Albion College, and then completed medical school at Wayne State University followed by an internship in obstetrics and gynecology. Her medical experiences included working in women's health and family planning, and hospice. Later she completed a MA in Counseling from Spring Arbor University. She has experience in counseling individuals across the lifespan and families in both the private practice and school settings. She has specialized training in the areas of Trauma Focused Cognitive Behavioral Therapy, EMDR, and Infant Mental Health. She is also certified as a supervisor for counselors.

Assessment and Testing

Counselors may use assessment and testing to help you gain personal insight and/or monitor progress in counseling towards your goals.

Professional Ethics and Confidentiality

A professional code of ethics governs the counseling relationship. A key aspect of ethical practice is confidentiality. Information you share with your counselor will not be disclosed to anyone who is not involved in the treatment process without your written permission through a release of information. However, there are some limits of confidentiality as outlined in the Notice of Privacy Practice for North Central Michigan College Counseling Office. This document is available for you to review upon request.

A brief written and/or electronic record is made of your counseling contacts. This confidential information is maintained in a secured file cabinet and/or database. Counseling records are entirely separate from all other aspects of the College and will be released only with your written permission. Your counselor may share information with other NCMC professionals for the purpose of referral and/or coordinating care, which may become part of your NCMC student record.

Counseling Fees

Counseling services are provided at no cost to students currently enrolled at NCMC. We do not bill insurance.

Referrals

North Central Michigan College is primarily committed to providing brief, solution focused counseling appointments. To provide the best care for you, your counselor may want to refer to the services of another professional. This may include other NCMC services such as career development, advising or accommodations and/or referrals to providers or other resources in your community.

Licensing Information and Suspected License Violations

If you believe your privacy rights have been violated you are encouraged to talk with your counselor about your concerns. You may file a complaint with the Dean of Student Success and/or with The Michigan Department of Licensing and Regulatory Affairs Bureau of Professional Licensing Investigations & Inspections Division. You will not be penalized or retaliated against in any way for making a complaint.

Dean Student Success
North Central Michigan College
1515 Howard Street
Petoskey, MI 49770
(231) 348-6618

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing Investigations & Inspections Division
P.O. Box 30670
Lansing, MI 48909
(517) 241-0205

It is important to be prompt in keeping appointments. If you must cancel a session, please call (231) 348-6700 to cancel within four hours prior to your appointment time. Students with repeated no shows or late cancelled appointment may be referred to outside services.

Occasionally you may be asked to complete a brief evaluation questionnaire about the services you received. This anonymous feedback is very helpful to us in continuing to provide quality services.

Small Community:

There are some issues related to confidentiality that are unique to a small community such as NCMC. It is possible to meet you as a client and then end up crossing paths on campus. Your counselor will not initiate conversations with you on campus or in the community to protect your confidentiality as a client. If you initiate interactions, your counselor may respond but will continue to be sensitive to your privacy as to what is appropriate to discuss in a public setting.

If you experience a mental health emergency when we are closed, call **988 (the Suicide and Crisis Lifeline) or 911**. You can also visit any of our local hospital emergency departments 24 hours a day for an emergency mental health evaluation:

- McLaren Northern Michigan Emergency Room, 416 Connable Ave, Petoskey, MI (800) 248-6777.
- Charlevoix Hospital Emergency Room, 14700 Lake Shore Dr., Charlevoix, MI (231) 547-4024.
- McLaren Northern Michigan Cheboygan Emergency Department, 748 S Main St, Cheboygan, MI 49720 (800) 248-6777

If you or someone you know is in imminent danger of harming themselves or are an imminent danger to someone else, go to the nearest emergency room or call 911.

Please, let your counselor know if you have any questions about the above information.

Consent for Counseling Services

I have read and understand the above information, and I consent to counseling at NCMC. I understand that my counseling is voluntary and that I may discontinue treatment at any time.

Student Signature: _____

Printed Name: _____

Date: _____

Counseling and Wellness Services
North Central Michigan College
1515 Howard Street
Petoskey, MI 49770
231-348-6700

North Central Michigan College
1515 Howard St., Petoskey, MI 49770 (231) 348-6700
Counseling and Wellness Notice of Privacy

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

PURPOSE

North Central Michigan College (NCMC) Counseling and Wellness Services and its professional staff, employees, and trainees follow the privacy practices described in this notice. The NCMC Counseling and Wellness Office keep your mental health information in records that will be maintained and protected in a confidential manner, as required by law.

USE OF MY PROTECTED HEALTH INFORMATION

Your personal mental health record will be retained by the NCMC Counseling and Wellness Office for approximately seven years after your last clinical contact with the college. We may utilize electronic health records. After that time has elapsed, the record will be shredded or burned or otherwise destroyed in a way that protects your privacy. Until the records are destroyed, they may be used (unless you ask for restrictions in writing) for the following purposes:

- In case of immediate danger to self or others
- Appointment reminders
- Notification when an appointment is cancelled or rescheduled by the NCMC Counseling and Wellness Office
- As may be required by law
- For public health purposes such as reporting of child or elder abuse or neglect; notifying authorities of suspected abuse, neglect, or domestic violence (if you agree or as required by law).
- Mental health oversight activities, e.g., audits, inspections or investigations of administration and management of the NCMC Counseling and Wellness Office.
- NCMC CARE Team collaboration and consultation
- Lawsuits/disputes-We will attempt to give you notice of subpoena before disclosing information from your record.
- To prevent a serious threat to health or safety.
- National security and intelligence activities.
- Alcohol and drug abuse information has special privacy protections. The NCMC Counseling and Wellness Office disclose limited information about alcohol and drug abuse to Health Services providers if deemed appropriate for student safety. Otherwise, NCMC Counseling and Wellness Office will not disclose any mental health or medical information relating to a client's substance abuse treatment with the following exceptions:
 1. The client consents in writing.
 2. A court order requires disclosure of the information.
 3. Medical personnel need the information to meet a medical emergency.
 4. Qualified personnel use the information for the purpose of gathering statistical information.
 5. It is necessary to report a crime or a threat to commit a crime or to report abuse or neglect as required by law.

YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES

Except as described previously, we will not use or disclose information from your record unless you authorize (permit) in writing the NCMC Counseling and Wellness Office to do so. You may revoke your permission, which will be effective only after the date of your written revocation.

YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your health information, provided that you make a written request to invoke the right on the form provided by the NCMC Counseling and Wellness Office:

1. Right to request restriction: You may request limitations on your mental health information we may disclose, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
2. Right to confidential communications: You may request communications in a certain way or at a certain location but you must specify how or where you wish to be contacted.
3. Right to inspect and copy: You have the right to inspect and copy your mental health information regarding decisions about your care. However, counseling notes may not be inspected and copied. We may charge a fee for copying, mailing, and supplies. In some circumstances, your request may be denied; you may request review of the denial by another licensed mental health professional chosen by NCMC Student Services or a community clinician at your expense.
4. Right to submit a clarification to your record: If you believe that the information we have about you is incorrect or incomplete you may ask to add clarifying information. You may submit a letter to be included in your record. NCMC Counseling and Wellness Office is not required to accept the information that you propose.
5. Right to accounting of disclosures: You may request a list of the disclosures of your mental health information that have been made to persons or entities other than for treatment or health care operations in the last seven (7) years.
6. Right to a copy of this notice: You may request a paper copy of this notice at any time, even if you have been provided with an electronic copy. You may print out a copy of this notice from the NCMC website.

REQUIREMENTS REGARDING THIS NOTICE

NCMC Counseling and Wellness Office is required to provide you with this notice that governs our privacy and confidentiality practices. NCMC Counseling and Wellness Office may change its policies or procedures in regard to privacy practices. If changes occur, they will be effective for mental health information we have about you as well as any information we receive in the future.

Please, let your Counselor know if you have any questions about the above information.

Notice of Privacy for Counseling Services

I have read and understand the above information about my right to privacy as an NCMC student receiving counseling services. I understand that my counseling is voluntary and that I may discontinue treatment at any time.

Student Signature: _____

Printed Name: _____

Date: _____