

Welcome to GW's Community Counseling Services Center (CCSC) at Foggy Bottom. Thank you for entrusting us to assist you as you seek out counseling. Thank you for playing an invaluable role in the development of a counseling intern enrolled in the Department of Counseling and Human Development at the Graduate School of Education and Human Development.

The CCSC is located at 2134 G Street, NW, on the ground level of the Graduate School of Education and Human Development. The side-walk level, accessible entrance on the right side of the building is the easiest way to find our offices. The building is open Monday through Thursday until 8:00 PM.

Counseling interns spend two semesters in the CCSC. When you meet your counseling intern, the intern will let you know when he/she/they will be completing their time in the CCSC. Your counseling intern may conclude his/her/their work in the CCSC before you conclude your therapy. In that case, you may be able to work with another intern, or we can help you find other counselors in the community.

During the first four counseling sessions, your counseling intern will make sure the CCSC is the right setting for you to meet your goals for counseling. If the CCSC might not be able to provide the services you need, your counseling intern will let you know. In consultation with his/her/their supervisor, your counseling intern will provide you with information on where you can get the right kind of mental health care, taking into account your resources and preferences.

If you have worked with another helping professional (a therapist, counselor, psychologist, social worker, psychiatrist and/or psychiatric nurse practitioner), your counselor will ask you to sign a Release of Information giving the CCSC permission to ask for information about your work with these providers. Learning what has helped in the past can make counseling more effective for you now.

Consultation is one of the learning tools we ask our counseling interns to use. At some point during a counseling session, your counseling intern may step out of the room to consult briefly with a supervisor. Sometimes the CCSC will require this of the intern, and at others times, the intern may decide that a brief consultation will enhance his/her/their ability to conduct the therapy session. Either way, the intern will return to the counseling room quickly.

Our counseling interns are supervised by faculty members and supervisors in individual and small group settings. We use a secure taping system to record all counseling sessions. This allows supervisors to ensure that you are getting quality counseling. It also allows them to help counseling interns develop their skills.

The CCSC does not provide emergency services. We do not have an on-call counselor and we do not provide walk-in sessions. If you need support in a crisis, you can use our list of hotlines. You can also call 911 or go to the emergency department of the nearest hospital.

If at any time you do not feel the services meets your needs or if the match with the Counselor Intern is not a good fit, you may request another Counselor Intern or assistance with a referral to other community resources. If you have any questions or comments, please contact the CCSC at (202) 994-8645 or CCSCFoggyBottom@gwu.edu.

Sincerely,



Monica Megivern, Ed.D.
Director, Community Counseling Services Center
Clinical Associate Professor

Today's Date: _____

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name: _____

Date of Birth: ____/____/____

Emergency Contact Name: _____ Emergency Contact Phone: _____

*The CCSC **will not** give out your address, phone number or e-mail address to anyone. We need to know how you prefer that we contact you.*

Cell Phone: _____ May we leave a message at this number? Yes No

Alternative Number: _____ May we leave a message at this number? Yes No

E-mail: _____ May we correspond with you via e-mail? Yes No

Local Address: _____

City _____ State _____ ZIP Code _____

Can the CCSC send you mail at your *local* address? Yes No

Permanent Address: _____

City _____ State _____ ZIP Code _____

Can the CCSC send you mail at your *permanent* address? Yes No

DEMOGRAPHIC INFORMATION

Are you a student? Not a student
 Grade school or high school student
 George Washington University
 Other college or University: _____
 Prefer not to disclose

What is the highest level of education you have completed?
 None
 Elementary School
 Middle School
 High School Diploma
 GED
 Vocational Training
 Some college
 Associate's Degree
 Bachelor's Degree
 Master's Degree
 Doctorate

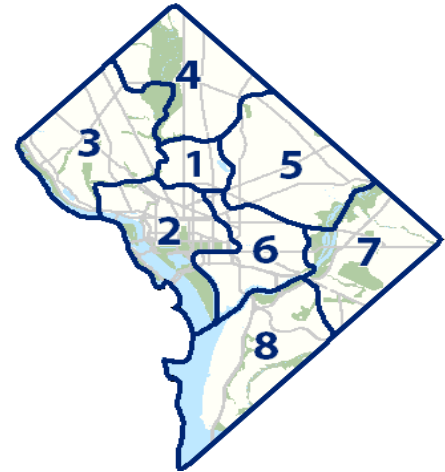
How did you hear about the CCSC?	<input type="checkbox"/> CCSC Client <input type="checkbox"/> Outreach done by CCSC on GW's Campus <input type="checkbox"/> Former CCSC Intern <input type="checkbox"/> Internet; found CCSC on line <input type="checkbox"/> Colonial Health Center <input type="checkbox"/> Meltzer Center <input type="checkbox"/> Core Service Agency/Public Agency <input type="checkbox"/> Private Practitioner <input type="checkbox"/> Family member or friend <input type="checkbox"/> Resident Assistant/Student Housing <input type="checkbox"/> Prefer not to disclose
Ethnicity	<input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Non Hispanic or Latinx
Race	<input type="checkbox"/> Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> More than one race <input type="checkbox"/> Prefer not to disclose
Legal Status	<input type="checkbox"/> I am over 18 and have no legal guardian <input type="checkbox"/> I am an emancipated minor <input type="checkbox"/> I have a parent or legal guardian
Sexual Orientation	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning <input type="checkbox"/> Prefer not to answer
Religious Affiliation	
Gender Identity	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender man <input type="checkbox"/> Transgender female <input type="checkbox"/> Non binary <input type="checkbox"/> Prefer not to identify with gender

Gender Pronouns

She, her, hers
 He, him, his
 They, their, theirs
 Prefer not to disclose

Ward/County of Home

DC Ward 1
 DC Ward 2 (GWU)
 DC Ward 3
 DC Ward 4
 DC Ward 5
 DC Ward 6
 DC Ward 7
 DC Ward 8
 MD Montgomery Co
 MD Prince Georges Co
 VA Arlington Co
 VA Fairfax Co
 Other: _____



Annual Household Income (Estimated)

\$0-\$30,000
 \$30,000 - \$60,000
 \$60,000 - \$90,000
 \$90,000 - \$120,000
 \$120,000 - \$150,000
 Over \$150,000

Number of Children in Household _____

Relationship Status

Single
 Married
 Separated
 Divorced
 Living Together
 Widowed
 Prefer not to disclose



Members of your household		
Name	Age	Do they live with you?

FAMILY RELATIONSHIPS

Father's Name: _____ Age, if living: _____ If deceased, what year? _____
 Please describe your relationship with your Father: _____

Mother's Name: _____ Age, if living: _____ If deceased, what year? _____
 Please describe your relationship with your Mother: _____

Sibling's Names	Age	If deceased, when?	Describe relationship

EMPLOYMENT

Where are you currently employed? _____

What is your position? _____

If unemployed, what are the circumstances? _____

MEDICAL AND MENTAL HEALTH HISTORY

Describe significant illnesses, injuries or disabilities.

List health problems and medications, including dosages (e.g., Prozac, 100 mg/once a day).

Describe all prior outpatient and inpatient mental health treatment, giving dates.

Describe previous use of psychiatric medication.

Prescribing Doctor: _____

Phone Number: _____

DRUG AND ALCOHOL USE

Describe use of alcohol and other recreational drugs, in the past and present.

Include the name of the substance, the amount used, and frequency of use.

Describe any participation in treatment for substance use, e.g. hospitalization, 12-Step Meetings.

Note any legal problems related to substance use, e.g. driving under the influence.

Describe family history of alcohol and/or drug use, and its impact on you.

REASONS FOR COMING TO COUNSELING

Briefly describe your reason for coming to counseling.

CHALLENGES

Within the past three years, which of these have you experienced?

- | | |
|---|---|
| <input type="checkbox"/> Academic stress | <input type="checkbox"/> Oppositional Defiant Disorder |
| <input type="checkbox"/> Academic underachievement | <input type="checkbox"/> Parent/Child Conflict |
| <input type="checkbox"/> Adjustment Disorder | <input type="checkbox"/> Parenting issues |
| <input type="checkbox"/> Adjustment to medical issues | <input type="checkbox"/> Peer relationships |
| <input type="checkbox"/> Anger problems | <input type="checkbox"/> Peer/Sibling Conflict |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Phase of Life Problems |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Physical/Emotional Abuse |
| <input type="checkbox"/> Conduct Disorder/Delinquency | <input type="checkbox"/> Post-Traumatic Stress Disorder |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Problem solving/decision making problems |
| <input type="checkbox"/> Divorce adjustment | <input type="checkbox"/> Sexual abuse victim |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Sexual identity issues |
| <input type="checkbox"/> Familial conflict | <input type="checkbox"/> Social Discomfort |
| <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Social Phobia/shyness |
| <input type="checkbox"/> Impulse Control Disorder | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Low Self Esteem | <input type="checkbox"/> Suicidal ideation |

ANYTHING ELSE?

Anything else you would like to share with your counselor? Questions you'd like to ask?

Community Counseling Services Center Informed Consent Information

Please read the following items and ask any questions that you have of your counselor.

1. Services offered at The George Washington University Community Counseling Services Center (CCSC) are targeted for residents of the Washington Metropolitan Area and GWU Students and Alumni. The counseling service will be rendered by graduate Counselor Interns from the Department of Counseling and Human Development at The George Washington University. To ensure quality service to the public, all counseling sessions are recorded and reviewed by faculty, doctoral level supervisors and other counseling interns as required for instruction, during group supervision. Strict confidentiality of recorded session is maintained by CCSC.
2. **For couples: To assure clinical coordination of treatment across couple, family, group, and individual counseling, CCSC records are viewed and discussed by clinic personnel as needed.**
3. The assistance offered at the CCSC is designed to help clients make decisions, enhance self-understanding, and/or adjust to learning, career, personal, relationship, or family problems. A client seeking assistance at the CCSC should possess the necessary qualities to address and resolve the client's problems. Therefore, the client is encouraged and expected to make all final decisions. The role of the CCSC Counselor Intern is one of objective facilitation through professional counseling.
4. Counselor Interns are required to record all counseling sessions. This is done in order to maximize the quality of services received. The client must provide written consent prior to any digital recording. **The recordings are destroyed at the conclusion of the student's practicum/internship.**
5. Because CCSC is a training facility, the intake session and the following initial four sessions will be used to determine if the CCSC is a good match for individuals and can provide services that meet client needs and presenting issues. During the course of counseling, if it is determined that the training clinic is not the best source of treatment for the client and a higher level of care, such as hospitalization or more advanced counseling skills are needed, the Counselor Intern, in consultation with supervisors, will provide the client with a referral to another mental health or career counseling service provider in the area.
6. All CCSC Counselor Interns will be guided by and are instructed to follow the American Counseling Association Ethical Standards.
7. A client may be requested to complete the Brief Symptom Inventory and the Schwartz Outcome Scale. These instruments give the Counselor Intern and overview of how the client is feeling and thinking during the last week. The use of the instruments is for training purposes only, ergo, may or may not be shared with the client.
8. All counseling and supervisory relationships, as well as storage and disposal of records, will be kept confidential within legal and ethical limitations. Unless the client poses harm to the Counselor Intern, the client will be informed when information regarding the client will be released. Information may be released *without the written consent* of the client in the following circumstances:
 - a. The client poses harm to himself/herself or another person
 - b. Suspicion that a child or vulnerable adult is at risk for abuse or neglect
 - c. The client is under the age of 16 and has been sexually or physically abused, raped, or the victim of another crime
 - d. When information is ordered by a court subpoena
 - e. The client requires hospitalization
 - f. The client requests through writing that confidential information about the counseling sessions be released
9. Deception in any form will not knowingly be used as a form of treatment.
10. A primary goal of intervention at the CCSC is for the client to be able to live effectively within his or her own value system.
11. Effectiveness of intervention with individuals is greatest when clients share all information related to the problem(s).
12. The purposes, goals, techniques, procedural rules, limitations, risks, and benefits of the intervention have been explained. The client has the opportunity to discuss the type of counseling relationship and interventions proposed and have any questions answered.
13. Counselor interns do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.) because it may compromise the client's confidentiality and blur the boundaries of the therapeutic relationship.
14. Clients in a helping relationship with another human services professionals must inform all professionals involved. If the client has received mental health services from another provider, or if the client is currently or in the future will receive psychiatric services for an evaluation or medication management, the client will be requested to complete a Release of Information form authorizing the Counselor Intern to consult with the mental health provider to better coordinate services and optimize treatment.

The George Washington University
 Community Counseling Services Center
 2134 G Street, NW, Washington DC, 20052

Notice of Privacy Act Practices

This notice describes how medical/mental health information (Protected Health Information) about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

We have a duty to maintain the privacy of your health and mental health information and to provide you with this notice. You will be asked to sign a Consent form. Once you have signed the Consent Form, we may use or disclose your Protected Health Information for purposes of determining your diagnosis where applicable, treatment, providing counselor supervision, or to conduct healthcare operations.

Other permitted and required uses and disclosures may be made without your consent, authorization, or opportunity to object include:

- **Abuse or Neglect:** If a counseling intern suspects abuse of a child or an elder, they are mandated to make a report to the appropriate public authorities.
- **Danger:** If your counseling intern suspects you are in imminent danger of harming yourself or someone else, they are mandated to make a report to the person at risk and to the public authorities.
- **Legal Proceedings:** We may disclose Protected Health Information in response to a court order of subpoena or in certain other legal proceedings.

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and request copies of information that may be used to make decisions about your care. Usually this includes demographic and billing records but does not include psychotherapy notes. To inspect and/or receive copies of information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request. We must respond to your request within 15 days of receipt.
- **Right to Amend:** If you feel that health information about you is incorrect or incomplete, you may ask your counseling intern to amend the information. You have the right to request an amendment for as long as the information is kept by our counseling center. Your request for amendment must be in writing and must include a reason for your request.
- **Right to an Accounting of Disclosures:** You have the right to request an Accounting of Disclosures we have made of information about you. You must submit your request in writing to the above address. Your request must state a time period for the disclosures which may not be longer than six years.
- **Right to Request Restriction on Uses and Disclosures:** You may request that disclosures of confidential information be limited. If we are unable to agree to that restriction, we can discuss other options, such as referral to another agency.
- **Right to Limit Reception of Confidential Information:** For example, you may request that we contact you only at a certain address or phone number. You do not have to give a reason for your request.
- **Right to a Paper Copy of this Notice:** At your request, you will be given a paper copy of this notice for your records.

Other uses and disclosures of Protected Health Information and any disclosures of psychotherapy notes will be made only with your written authorization. After such authorization is given, you may revoke authorization at any time.

This Notice may be amended as needed to comply with federal, District and professional requirements. If you believe your privacy rights have been violated, please let your counseling intern know either in writing or by talking to him/her/them. Such a complaint will not result in retaliation by your counseling intern. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services.

 Signature of Client/Custodial Parent/Guardian

 Date

 Printed Name of Client

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Acknowledgement of Notice of Privacy Act Practices

You have the right to refuse to sign this form.

I, _____ have received a copy of the **Notice of Privacy Act Practices**.
Print Name

Signature of Client/Custodial Parent/Guardian

Date

----- For office use only -----

We attempted to obtain written acknowledgement of receipt of our Notices of Privacy Act Practices but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barrier prohibited obtaining the acknowledgement
- Other (Please specify): _____

CLIENT RIGHTS

At the George Washington University Community Counseling Services Center, we recognize that each client brings his/her/their own needs and desires to the arena of personal, career, or family/couples therapy. With regard for each individual in mind, we guarantee each client the following rights:

- The right to be treated with respect
- The right to be appraised of all survey and inventory result and to be supplied with copies of the results.
- The right to be heard in a confidential setting.
- The right of privacy for all survey results and other information gained during counseling sessions.
- The right to be informed of the reasons for the termination of services if the counseling intern and his/her/their supervisor deem such action to be in the best interests of the client and/or the counseling center.
- The right not to be discriminated attains in the provision of services on the basis of sex, race, ethnicity, color, religion, national origin, age, sexual orientation or gender identity.
- The right to be informed of the fee for services.
- The right to file a written or oral grievance.
- The right to be advised of observation techniques, such as video recording of counseling sessions.

HOTLINE NUMBERS

National Hopeline Network	A program of the Kristin Brooks Hope Center, Hopeline provides support with trained counselors through this national hotline to prevent suicide.	800-442-4673
National Suicide Prevention Lifeline https://suicidepreventionlifeline.org/	“Lifeline assists people in immediate crisis with a skilled, trained crisis worker who will listen to the problems they are experiencing and will connect them to local mental health services. All calls are confidential and free.” Text: “CONNECT” to 855-11 Lifeline Chat: SuicidePreventionLifeline.org/chat	800-273-8255
Gay, Lesbian, Bisexual and Transgender National Hotline https://www.glbthotline.org/hotline.html	HOURS: Monday thru Friday from 4pm to midnight, Saturday from noon to 5pm “The Gay, Lesbian, Bisexual and Transgender National Hotline provide telephone and email peer-counseling, as well as factual information and local resources for cities and towns across the United States. All services are free and confidential.”	888-843-4564
Comprehensive Psychiatric Emergency Program https://dbh.dc.gov/service/emergency-psychiatric-services	The Comprehensive Psychiatric Emergency Program is a twenty-four hour/seven day a week operation that provides emergency psychiatric services, mobile crisis services. Can be accessed by telephone or in person. DC General Hospital Compound, Building 14, 1905 E Street, SE, Washington, DC 20003	202-673-9319
ACCESS Helpline https://dbh.dc.gov/service/access-helpline	Call the Access Helpline to get emergency psychiatric care; help with problem solving; determine whether to seek ongoing mental health services or other types of services; or find out what services are available	888-793-4357
National Domestic Violence Hotline Thehotline.org	Our highly-trained advocates are available 24/7/365 to talk confidentially with anyone experiencing domestic violence, seeking resources or information, or questioning unhealthy aspects of their relationship.	800-787-7233
DC Rape Crisis Line http://dcrcc.org/	Operates a telephone hotline with trained counselors 24/7. Provides counseling and emotional support for survivors of rape, incest and childhood sexual abuse. Offers a companion program to accompany survivors to hospitals.	202-333-7273
Trans Lifeline https://translifeline.org/hotline	Trans Lifeline’s Hotline is a peer support service run by trans people, for trans and questioning callers. Our operators are located all over the U.S. and Canada, and are all trans-identified. If you are in crisis or just need someone to talk to, even if it’s just about whether or not you’re trans, please call us. We will do our best to support you and provide you resources.	877-565-8860
Montgomery County Crisis Center	The Crisis Center provides free crisis services 24 hours a day/ 365 days a year. Services are provided by telephone (240-777-4000) or in person at 1301 Piccard Drive in Rockville (no appointment needed).	240-777-4000
Arlington County	Call 703-228-5160 or go to Emergency Services at 2120 Washington Blvd., Arlington VA 22204. Anyone living, working or visiting Arlington experiencing a mental health emergency is eligible for services.	703-228-5160