Welcome to the Calvin College Broene Counseling Center (BCC). The following information provides details about some of the policies and procedures of BCC. Please read this material and sign it on the back to acknowledge that you have read and understood the information. Thank you.

1. **Eligibility for Services**
   Our services are available to all currently enrolled Calvin College students who are taking classes on campus. If you have completed spring semester classes and are registered for classes the following fall semester, you are eligible to receive counseling services during the summer.

2. **Counseling Services**
   BCC offers short-term mental health services for students with psychological or interpersonal issues, as well as crisis intervention services. In order for therapy to be effective, clients are encouraged to actively participate in the process by attending appointments regularly and working with the counselor to establish treatment goals. If we determine that your treatment needs require resources or competencies beyond what we can provide, we will assist with a referral to an appropriate mental health provider.

3. **Appointments**
   Your visits to BCC are free of charge. If it is necessary to change or cancel your appointment, please notify us in advance. A $15.00 charge will be added to your miscellaneous account for appointments which have not been canceled or rescheduled prior to the appointment. You may cancel or reschedule your appointment at our office, or by leaving a message at 616-526-6123.

   If you miss a scheduled appointment and do not call to reschedule within a month, we will assume you are no longer interested in our services and we will close your file. In that case, you would be welcome to request services again at any time. If you fail to attend three scheduled appointments within one semester without calling ahead to cancel or reschedule, counseling appointments may be terminated for the remainder of that semester. In that event, we will provide you with referral information; you may request services from BCC again the following semester.

4. **Counseling Records**
   The counselor will keep a written record of your counseling sessions. The counseling record is NOT a part of your academic record; only the staff of BCC has access to your counseling records. Records are maintained for seven years and are then shredded.
5. **Confidentiality**
A professional code of ethics governs the counseling relationship, and confidentiality is central to this code. Apart from a very few required exceptions, your counselor will not share information without your permission. State of Michigan laws require counselors to report suspected child abuse, dependent adult abuse, and threats of violence to self or others. In rare circumstances, your records or your counselor can be subject to a mandatory disclosure to law enforcement. In certain situations you may be asked to authorize disclosure of your BCC records, such as (but not limited to): you are a student majoring in a professionally-regulated field (Nursing), you request to study with a Calvin-sponsored off-campus program, or your job requires government security clearance.

6. **Staff Consultation**
In order to provide you with the best care, your counselor may consult with or receive supervision from another member of our professional staff. Your counselor may request your permission to record a session for review purposes. Such recordings are never made without your knowledge and written permission; all recordings are erased after being reviewed.

8. **Emergency Services**
If you live on campus and have a mental health emergency when BCC is not open, contact your RD and/or Campus Safety at 616-526-3333. If you live off campus, call 911 or contact the emergency room at Saint Mary’s Health Care (616-685-6789), Spectrum Butterworth Hospital (616-391-1680), Spectrum Blodgett Hospital (616-774-7740), or your local hospital.

If you have any questions or are not clear about these policies, please share your concerns with your counselor.

I affirm that I have read the policy and procedure statements on BOTH SIDES of this document.

_____________________________________  ______________________________________
Signature              Printed Name

_____________________________________ _______________________________________
Date               Witness Signature