**Laramie County Community College**

**Counseling and Campus Wellness**

1400 E. College Drive, PF 207

Cheyenne, WY 82007

Phone: 307-778-4397

After-hours: (844) 208-7073

Fax: 307-778-1282

***Disclosure Statement***

***College Mission: “Transforming lives through the power of inspired learning.”***

The disclosure statement is required by the Mental Health Professions Licensing Act and by the Mental Health Professions Licensing Board, *2001 Capitol Ave Room 104, Cheyenne, WY 82002, 307.777.3628.*

**LCCC Counseling and Campus Wellness (CCW) commends the steps you have taken to receive counseling support. We strive to empower students to make changes that advance their academics and their mental well-being. We believe clients are the experts on their life; hence, we walk beside them to inspire and guide their change.**

**In general, counseling assists clients to address and change thoughts, feelings and/or behaviors that are interfering with their ability to live the life they desire. To assist you in making the most of your counseling experience, please read the following about our services, the benefits and risks of counseling, your rights and responsibilities, important contact numbers, and limits to your confidentiality. Please address any questions or concerns with your counselor.**

HOURS:

**Fall and Spring Semesters:**

Monday through Friday, 8:00am to 5:00pm

**Summer Semester:**

Monday through Friday, 7:30am to 4:00pm

**After-hours Phone Counseling:** (844) 208-7073

WellConnect Licensed Clinicians contracted with CCW offer tele-counseling services after business hours, on holidays, and during campus closures by calling the number above. WellConnect counselors will communicate to LCCC counselors the nature of the services they provided during after-hours. LCCC counselors will follow-up with students who utilize WellConnect services the following business day to offer continued support.

EMERGENCY/CRISIS SUPPORT:

Students may receive counseling support for emotional distress or when experiencing suicidal ideation during normal business hours by calling (307) 778-4397 or meeting directly in Pathfinder 207. Students in immediate danger are encouraged to call 9-1-1 or go directly to the Cheyenne Regional Medical Center Emergency Room.

Other emergency and crisis supports include:

After-hours WellConnect Counseling for Emotional Distress……………… (844) 208-7073

Campus Safety………………………………………………………………………………….. (307) 630-0645

Residence Hall Duty Phone…………………………………………………………………(307) 286-3936

Title IX Coordinator……………………………………………………………………………(307) 778-1217

Cheyenne Police Department……………………………………………………………...(307) 637-6500

Laramie County Sheriff’s Office…………………………………………………………...(307) 633-4700

Safehouse Sexual and Domestic Assault Services…………………………………(307) 637-7233

National Suicide Prevention Lifeline……………………………………………………(800) 273-8255

SERVICES:

Counseling and Campus Wellness (CCW) provides individual, couple’s, and/or group counseling, as well as, mental health screenings, interest inventories, workshops, seminars, crisis intervention and referral. A separate disclosure statement is provided to students participating in counseling groups. *CCW does not diagnose mental illness nor do we prescribe medications, but we offer clinical recommendations based on the student’s presenting symptoms.*

PHILOSOPHY:

CCW counselors are generalists to serve the college population; however, most counselors have philosophical or theoretical approaches that guide the way they work with clients. You may ask about these at any time.

SESSIONS:

CCW uses a brief, solution-focused counseling model that features: (a) identifying specific and attainable goals, (b) focusing primarily on the present rather than the past, and (c) both the counselor and client being active in the process. Some clients may benefit from just one counseling session, while most students find resolve for their concerns within six sessions or less with a maximum of 10 sessions available. For those who may require more intensive or long term counseling, CCW can provide referral options that are available locally.

Sessions are typically 45-50 minutes in length and once per week. We encourage students to schedule appointments when possible to allow adequate time to engage in meaningful work; however, we welcome students to seek counseling support, in the moment, when experiencing immediate emotional distress. In crisis, counselors assist clients in developing emotion regulation and distress tolerance skills so they can more confidently manage their emotional distress as it arises.

*CLIENT RESPONSIBILITIES*

A client’s responsibilities when receiving counseling services include,

1. **Taking an active role in the counseling process.** The more ownership you take of your experience, the more progress you will achieve. Participation includes honestly sharing your thoughts, feelings, and concerns, as well as, completing assignments, reflecting on your sessions, and applying tools and skills discussed in your sessions.
2. **Keeping your appointments.** Your scheduled appointment is time we have reserved especially for you. By notifying us in advance of your inability to keep your appointment, we can offer your time slot to another student. Clients who have a minimum of two no shows will be put on a waitlist. No showing for an appointment is defined as not physically attending a scheduled session or cancelling less than 1 hour prior to the appointment.
3. **Arriving on time for your appointment.** Arriving late takes away adequate amounts of time to engage in thoughtful and intentional therapy to help you progress. You will be asked to reschedule your appointment if you are 15 minutes or later.

BENEFITS AND RISKS:

*BENEFITS:* Most clients experience the benefits of counseling through symptom relief, ability to cope with distressful circumstances and/or interactions, and an empowered sense of self. Often students achieve a better understanding of self and feel more confident in making choices that bring about a desired way of living.

*RISKS:* Associated risks of counseling may include discomfort when talking about and working through uncomfortable or problematic issues; remembering unpleasant events; and experiencing strong and/or overwhelming emotions. New levels of awareness that develop as a result of counseling may also bring about discomfort and an overwhelming sense of responsibility. Although we strive to help students achieve the best possible results, there are no guarantees of any specific results regarding your counseling goals.

FEES & ELIGIBILITY:

All services are provided free of charge to students who are currently enrolled in and completing a credit-bearing LCCC course. To accommodate clients who are in between semesters, a maximum of two consultation sessions are available prior to the start of the semester and after the tuition due date for students who are registered for the upcoming semester.

CONFIDENTIALITY:

Without your explicit written consent, no personal information will be released to anyone unless in circumstances of serious and foreseeable harm. We will not answer questions about any client from parents, family, friends, significant other, professors, employer or anyone else outside of the CCW staff. Parents and guardians are not contacted unless we have permission from the client or there is a risk to the client’s safety (ie: suicide risk/attempt, emergency room evaluation and/or a threat to themselves or others.)

*STORAGE and MAINTENANCE OF COUNSELING RECORDS*

Student conversations and records will be maintained in the strictest of confidentiality according to guidelines established by state statute W.S. 33-38-113. Records will be maintained in counseling confidential Titanium software and kept for seven years; CCW records are not part of a student’s educational record. Student’s wanting to review or request a copy of their records will meet with a counselor to discuss their request. Only a treatment summary will be released to the student or to third parties unless the third-party requests additional information for a specific purpose.

*LIMITS TO CONFIDENTIALITY*

If CCW has identified that a student or other identified person is at risk, only information that will aid in obtaining ongoing care and ensuring safety will be shared. As identified by the ACA Code of Ethics, B.2.a, Serious and Foreseeable Harm and Legal Requirements, in cases where there is a foreseeable risk to the student or the community, CCW will notify the CARE Team and may notify Emergency Personnel, the Dean of Students, and/or Campus Safety depending on the student’s individual circumstances. To provide support to the student and to aid in the safety of campus, when appropriate and/or necessary, the Dean of Students may notify the Residence Hall Director and Athletic Director.

Additional exceptions by law may include:

1. known or suspected cases of abuse or harmful neglect of children, the elderly or disabled or incompetent individuals;
2. the validity of a will of a former client is contested;
3. substantial or immediate danger of physical violence to self or other readily identifiable persons, which may include serious and foreseeable harm;
4. information related to counseling is necessary to defend against a malpractice action brought by a client;
5. the client alleges mental or emotional damages in civil litigation or his/her mental or emotional state becomes an issue in any court proceeding concerning child custody or visitation;
6. the client is examined pursuant to a court order;
7. In the context of investigations and hearings brought by the client and conducted by the board, where violations of this act are at issue.

For purposes of consultation and/or supervision, counselors may discuss with one another their therapeutic work. In addition, CCW shares a suite with Disability Support Services and the Dean of Students; an Administrative Assistant manages the operations of the suite. All of these suite employees have signed a confidentiality agreement, maintaining the highest level of respect for our clients’ rights to confidentiality. Counselors will provide community referral options for clients who are uncomfortable with the proximity of other LCCC staff, upon request.

*MINORS:*

In accordance with state statute W.S. 14-1-101, students under the age of 18 require parental consent to initiate therapeutic treatment, except in the presence of the following,

1. Student is experiencing child abuse or neglect.
2. Student requires immediate attention to address serious and foreseeable harm.

Parents of minors who give consent will only receive information when the above exceptions to confidentiality are met.

CARE Team

The LCCC Campus Assessment Response and Evaluation Team (CARE) is a multi-disciplinary team responsible for assessing, evaluating, and responding to students of concern reported by faculty, staff, community, or family. The team develops a holistic intervention strategy and action plan designed to specifically address students’ unique needs.

Counselors work closely with the CARE Team to provide general insight regarding mental illness. Often times, counselors will reach out to students on behalf of the CARE team to offer mental health support. Counselors serving in a CARE team case manager capacity will functioning under FERPA confidentiality laws and will only share information with the CARE team on an as need to know basis to support the student. Clients of the Counseling Center who are referred to the CARE team reserve the right to have their information kept confidential; therefore, counselors will only share information with the CARE team that a student has consented to be released. Benefits of consenting to have your status as a client of the CCW shared with the CARE team helps to inform the team that you are already receiving support. In addition, counselors can advocate for additional campus support on your behalf to offer the student wrap around support. Information that is consented to be released to the CARE team will become part of the student’s educational record; however, the CARE team is careful to only share pertinent information on an as need to know basis.

*CONSENT TO RELEASE OF INFORMATION TO CARE TEAM*

From the options below, **please initial** beside the level of confidentiality you are comfortable with in regards to how your information will/will not be shared with the CARE team.

**I consent to have the following released to the CARE team: (initial beside the option)**

\_\_\_\_\_\_\_\_\_\_ Attendance in counseling, including number of sessions, no shows, cancellations

\_\_\_\_\_\_\_\_\_\_ Safety concerns (imminent danger risk will be shared with the CARE team as a limit to

confidentiality)

\_\_\_\_\_\_\_\_\_\_ Case Management concerns (financial, housing, childcare assistance, domestic violence, utilization of

community resources)

\_\_\_\_\_\_\_\_\_\_ All of the above.

\_\_\_\_\_\_\_\_\_\_ I do NOT consent to have any portion of my counseling record released to the CARE team.

Signature of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY COUNSELOR IN THE COMMUNITY:

If you are currently working with a mental health professional at another agency, CCW will not provide primary counseling but can provide supplemental services with the primary therapist’s permission. Hence, you may be asked to sign a release of information form permitting the sharing/exchanging of confidential information.

ETHICS AND RIGHTS:

It is our goal to provide the highest quality, professional service to our clients.  Licensed Professional Counselors will adhere to the Code of Ethics of the American Counseling Association, and Licensed Marriage and Family Therapists will adhere to the Code of Ethics of the American Association of Marriage and Family Therapists.

*Clients have the right to*

1. ask questions about a therapist’s credentials, approach, and interventions;
2. accept or reject any suggested counseling intervention;
3. have the right to a second opinion;
4. end therapy at any time. We do request that you communicate with your counselor your reasons for wanting to stop therapy.

*COUNSELING RELATIONSHIP*

The relationship between client and counselor is strictly professional. Sexual intimacy with a client is never appropriate. To respect your privacy, no social media contact is allowed between client and counselor.

*EMAIL COMMUNICATION*

Because confidentiality and prompt response of e-mail communications CANNOT be guaranteed, we ask that you NOT contact us via e-mail. If you do decide to contact us by email, please use your LCCC student email and only for cancelling appointments.

FEEDBACK FROM YOU

CCW is interested in your feedback; therefore, we will ask you in the course of the year to provide us with feedback through an evaluation form completed either in the office or via email. All comments will be anonymous. In addition, should you have an immediate complaint, you may file a complaint by completing the form found on the Counseling website. You can also provide immediate feedback to the Interim Coordinator of Counseling Services, Allison Felker, (307) 778-1261, [afelker@lccc.wy.edu](mailto:afelker@lccc.wy.edu) or the Dean of Students, Dr. James Miller, (307) 637-2490, [jamiller@lccc.wy.edu](mailto:jamiller@lccc.wy.edu).

NONDISCRIMINATION STATEMENT:

Laramie County Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, political affiliation, sexual orientation or other status protected by law, in its educational, extracurricular, athletic or other programs or in the context of employment. The College has a designated person to monitor compliance and to answer any questions regarding the College's non-discrimination[*policy*](http://policies.lccc.wy.edu/Files/Procedure%206.2P%20Nondiscrimination%20Anti-Harassment.pdf). Please contact: Title IX and ADA Coordinator, Room 205B, Clay Pathfinder Building, 1400 E College Drive, Cheyenne, WY 82007, 307.778.1217,[*TitleIX\_ADA@lccc.wy.edu*](mailto:TitleIX_ADA@lccc.wy.edu).

**Counselors:**

**Allison Felker, MA, LMFT**

Licensed Marriage & Family Therapist (WY LMFT #220)

MA Marriage, Family, & Couples Counseling, University of Northern Colorado

BS Applied Social Sciences, Colorado State University

**Aurie Garcia-Munter, LPC**

Licensed Professional Counselor (WY LPC #1820)

MA Clinical Mental Health Counseling, Chadron State College

BA Criminal Justice, University of Wyoming

Please contact your counselor at (307) 778-4397 and/or your counselor’s supervisor (307) 778-1261, for any questions or concerns you have about the counseling process.

“I have read the **Disclosure Statement** and consent to participate in therapy. I acknowledge that I understand my rights and limitations regarding confidentiality as a client.”

Signature of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_