Cancellations: We understand that there are circumstances in which it is not possible to keep your scheduled appointment. We ask that you notify us of your cancellation by 1 page before your appointment. This way we will have ample time to offer your cancelled appointment to another student who is in need of an appointment are convenient time.

Late Arrivals: If you arrive more than rainutes after the start of your appointment, your appointment may need to be rescheduled.

No-Shows:

No-Show for intake appointment: If you do not show up (defined as not cancelling your appointment prior to th start of the appointment) for your schled intake appointment, rather than being offered a second intake appointment, you will be asked to use a-idropur at your earliest convenience. The idropur is offered on a first-come, first-serve basis. If there is some reason that you abdented aome to a draip hour, you will be offered a 300 ninute consultation appointment. A second intake may be scheduled after eithine handrop consultation has occurred.

No-Show for returning appointment (defined as any appointment sch**ftduthe** intake appointment is completed): If you do not show up for two appointments you will be asked to usine induopas opposed to making another appointment.

We understand that there are true emergencies and circumstances that possible to cancel an appointment in advance. Counseling Services will work with students to assess each situation.

<u>Fee</u>s

Individual and couples counseling sessions are free of charge-**doinst** groups are free as well, although some groups may ask for a small fee for materials or books.

State Law

Counselors practicing counseling & Cmust be certifiedr licensed

Electronic Communications Policy

Every time you come in, an electronic record is created. This canbinclished timited to: contaictformation, demographics, dates of service and details of your visit. I urge you to take your own privacy as seriously as I ta commitment of confidentiality to you. Personal counseling is one of the most privates and the anyone can engage. The success of this work depends in part on the privacy of what we discuss and awareness that our relations Tf 380.15 7 (t)9 (n)I-11. (de)4 (a)-6 (v)]TJ ET Q q 0 0 612 792 re W*TT0 11.11 (:)23 11. ()-1.11 (:)23

Dissatisfaction

If you have a complaint or concern regarding your counseling experience, we encourage you to discuss it with counselor. Our experience suggests that these discussions can be valuable. If this discussion is not to your satisfaction, or you feel you cannot discuss this with your counselor, please contact the Humanities Division C (253)833-9111ext.6822.

If you believe, your counselor has vidlatefessional conduct you may contact Washington State Department of Health Phone(360) 236-4700 or Department of Health Systems Quality Assurance Complaint Intake PO Box 47857 OlympiaWA 98504-7857. Additional information/atw.doh.wa.gov

Authorization for Counseling

I hereby grant my permission to receive counseling services employing such established methods as may