

INSTRUCTIONS FOR COMPLETION OF THERAPY REQUIREMENT DISCLOSURE FORM

General Information

All clinical students are required to engage in a minimum of 20 sessions of mental health counseling or psychotherapy, as a part of the education process. The 20 sessions must be completed within the last 5 years and before the end of the first clinical year. ***Under no circumstances will a student be permitted to continue in the second clinical year or graduate without having completed the therapy requirement.*** Ten of the 20 sessions must be completed before the end of PC 675 Helping Relationship and before beginning the clinical internship experience.

Therapists and counselors must be licensed or certified at the highest level the state allows. Examples of those who meet this requirement are Professional Counselors, Psychologists, Clinical Social Workers, Nurse Clinical Specialists, Psychiatrists, and Licensed Members, fellows and Diplomates of AAPC. Spiritual direction does not count as counseling.

Student Information

There are three options in the verification process:

Option 1: You have engaged in at least 20 sessions of counseling in the last 5 years prior to entering the Pastoral Counseling program. You should do the following:

1. Pick up the *Consent to Disclose Confidential Information*.
2. Complete the top part of the form.
3. Send the form to your counselor to complete the bottom part of the form, reminding the counselor to mail or fax it to the person listed below.

Option 2: You are currently engaged in counseling and wish to register for PC 675 Helping Relationship because you will have 10 sessions completed (but not 20) by the end of the course. Only register for Helping Relationship if you are sure that you will be able to document 10 sessions by the end of the course. Those who have not completed the educational requirement of 10 sessions will receive an 'F' in the course and will have to retake the course.

1. Pick up the *Consent to Disclose Confidential Information* after you have completed 10 sessions.
2. Complete the top part of the form.
3. Send the form to your counselor to complete the bottom part of the form, reminding the counselor to mail or fax to the person listed below.
4. After you have completed the required 20 sessions, repeat #1-3 above.

Option 3: You have never had counseling or your counseling is over 5 years old.

1. Seek a therapist. There is a list of therapists in Blackboard who are interested in working with our students.
2. If during the first 10 sessions you register for Helping Relationship, be sure that you will be able to complete the 10 sessions before the end of the course.
3. Follow the instructions (1-4) under Option 2.

Mental Health Professional's Information: After the student has completed the top of the Disclosure form, complete the Disclosure of Confidential Information section on the bottom (reverse side of these instructions) and mail or fax the form to:

*Loyola College in Maryland, Pastoral Counseling Department
Director of Academic Operations
8890 McGaw Road, Suite 380D
Columbia, MD 21045-4743
Fax # 410-617-7644*



LOYOLA
UNIVERSITY MARYLAND

Consent to Disclose Confidential Information
(TO BE COMPLETED BY PASTORAL COUNSELING STUDENT)

I, _____(Pastoral Counseling Student) give my permission to _____ to disclose information concerning my counseling sessions during the time frame of _____ and _____ to Loyola College’s Pastoral Counseling Department’s representative. The information disclosed is to be limited to the following:

- 1. Number of Sessions
- 2. Type of Sessions (i.e. individual, family, group)

This consent terminates 60 days from the date signed by the student and is to be removed from the student’s file at the student’s request.

Pastoral Counseling Student Signature Printed Name Date Signed

Disclosure of Confidential Information
(TO BE COMPLETED BY MENTAL HEALTH PROFESSIONAL)

Mental Health Professional’s Name: _____

Mental Health Professional’s Address: _____

Mental Health Professional’s Telephone Number: _____

Disclosed Information:

- 1. Number of sessions you met with student: _____
- 2. Type of counseling (i.e. individual, family, group): _____

Signature of Mental Health Professional Date Signed

Degree(s) and Licensure/Certification credential(s): _____

License/Credential Number(s) _____

Expiration Date(s) _____