

Graduate Medical Education (GME) Counseling
Washington University School of Medicine/Barnes Jewish Hospital/St. Louis Children's Hospital
Graduate Medical Education Consortium

Consent for Initial Consultation

| | | | |
|-----------|--|-------|--|
| Date | | Name | |
| Email | | Phone | |
| Address | | | |
| ID# | | | |
| Gender | | Age | |
| Ethnicity | | | |
| Program | | | |
| PGY | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other | | |

| | | | |
|-----------------------------------|---|--------------|--|
| Are you currently on Medications? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so which? | |
|-----------------------------------|---|--------------|--|

| | | | |
|--------------------------------------|---|-------------------|--|
| Are you/have you been in counseling? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, with whom? | |
|--------------------------------------|---|-------------------|--|

| | |
|--|--|
| What concerns brought you here today? / What kind of help are you seeking today? | |
| | |
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| | |

Emergency Contact Information

| | |
|------|--|
| Name | |
|------|--|

| | |
|-------|--|
| Phone | |
|-------|--|

Confidentiality: In accordance with professional ethics and Missouri state law, any information shared in the context of professional counseling is considered confidential, and generally cannot be disclosed to anyone outside of the GME Counseling.

Below are some common exceptions:

- If it develops that you pose an immediate danger to yourself or to anybody else, we may be required to take action.
- If you describe a situation where a child, an elder, or someone unable to protect themselves is in danger of abuse, we may be required to take action.
- A court order or other legal requirements may also mandate that information about your counseling visits be released. We will make reasonable attempts to contact you before releasing written records in these situations.

Your verbal and written communication with your counselor will only be disclosed to other parties with your written authorization.

I am aware that this is a consultation session. I have read and understand the confidentiality statement above, and give my voluntary consent for assessment at GME Counseling:

| | |
|-----------|--|
| Signature | |
|-----------|--|

| | |
|------|--|
| Date | |
|------|--|

Consent for Counseling Services

This document contains important information regarding counseling services through Washington University School of Medicine/Barnes Jewish Hospital/St. Louis Children's Hospital Graduate Medical Education Consortium. Please read it carefully and note any questions you might have.

Counseling Services

Counseling can have benefits and risks. Since counseling often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. Counseling has also been shown to have many benefits. Counseling often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress; however, there are no guarantees for your personal experience.

Evaluation and Goal Setting

In your first appointment(s), you will discuss your concerns and situations with your counselor and consider appropriate resources to help you best manage your situation. If your concerns call for services, frequency, duration, or content that your counselor is unable to provide, your counselor will provide several options for you to find resources appropriate to your situation in the community.

Additional Referrals

Your counseling plan may involve recommendations or referrals to additional services that support your well-being. Most often, these are recommendations not requirements. However, in some cases these treatments are so vital and central to your recovery that your counselor is unable to ethically continue providing therapy without your concurrent engagement with these referrals.

Attendance and Termination

In order to maximize the benefits of counseling and meet your goals, it is important that you consistently attend and actively participate in all scheduled appointments. If you are unable to keep your appointment, please contact your counselor to reschedule preferably with at least 24 hour notice so we may accommodate other individuals.

Counseling is best ended with a process of termination and a scheduled final appointment. This allows you to review therapeutic gains achieved during treatment; develop a plan of action to maintain those gains; identify what other services or activities may still be needed. If you decide to end therapy without engaging in the process of termination by not scheduling appointments or by not returning at least two attempts at contact, it will be assumed that you are no longer a client of GME Counseling Services and you are, therefore, discharged from care.

Both the counselor and the client have the right to end counseling at any time.

Confidentiality

Confidentiality is the cornerstone of counseling. Unless otherwise dictated by state or federal law, the information you share about yourself will be kept confidential. Counseling records are maintained separately from your medical records and training records. The GME Counseling Office records are not part of the larger medical record system at Washington University/Barnes Jewish Hospital System.

Your verbal and written communication with your counselor will only be disclosed to other parties with your written authorization.

Exceptions include:

- If it develops that you pose an immediate danger to yourself or to anybody else, we may be required to take action.
- If you describe a situation where a child, an elder, or someone unable to protect themselves is in danger of abuse, we may be required to take action.
- A court order or other legal requirements may also mandate that information about your counseling visits be released. We will make reasonable attempts to contact you before releasing written records in these situations.

Additionally, communication with your counselor via any online or electronic means (e.g. email, text, video chat) is limited in security and thus your confidentiality may not be guaranteed. Should you choose to communicate with your counselor via email/text messaging you will be required to complete an authorization to utilize unencrypted email/text messaging. Electronic communication should be restricted to discussing scheduling needs. Protected Health Information (PHI) should not be shared through email.

In the event of an injury, illness, or other unexpected emergency situation that results in your counselor becoming unavailable, your basic contact information (name and contact numbers or email) may be provided to an associated professional. This will allow for your timely notification of appointment cancellations, as well as provide you with an opportunity to obtain further information regarding your continued care.

Considering all of the above exclusions, if it is still appropriate, and upon your request, your counselor will release a summary of your records to any agency/person you specify unless they conclude that releasing such information might be harmful in any way. In order for a summary of your records to be released, you will be asked to complete an authorization for use and disclosure of protected health information form.

Contacting your counselor

Your counselor may not always be immediately available. GME Counseling does not maintain 24-hour access to email or voicemail. Information shared through email or voicemail may not be retrieved for several days. If you are in crisis or experiencing a life-threatening or harm-producing emergency, please call "911" or go to your nearest emergency room.

Additional 24-hour crisis resources include:

Missouri Access Crisis Intervention Team: 1-800 811-4760
Provident Behavioral Health Crisis Hotline 314-647-4357
Behavioral Health Response 314-469-4908
National Alliance for Mental Illness (NAMI) St. Louis Helpline (314) 962-4670
National Suicide Prevention Lifeline 1-800-273-8255 (TALK)

Agreement

Your signature below indicates that you have read this document in its entirety; that you understand all that it contains and will seek clarification from your counselor if you have any questions; that you agree to abide by its terms; and that you voluntarily consent to treatment and/or evaluation and to participate in the treatment plan process.

Signature

Date

A copy of this document can be provided to you upon request.

Kessler Psychological Distress Scale (K6)

The following questions ask about how you have been feeling during the **past 30 days**. For each question, please circle the number that best describes how often you had this feeling.

| 1. During the past 30 days, about how often did you feel... | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|--|------------------------|-------------------------|-------------------------|-----------------------------|-------------------------|
| ... nervous? | 5 | 4 | 3 | 2 | 1 |
| ... hopeless? | 5 | 4 | 3 | 2 | 1 |
| ... restless or fidgety? | 5 | 4 | 3 | 2 | 1 |
| ... so depressed that nothing could cheer you up? | 5 | 4 | 3 | 2 | 1 |
| ... that everything was an effort? | 5 | 4 | 3 | 2 | 1 |
| ... worthless? | 5 | 4 | 3 | 2 | 1 |

2. The last question asked about feelings that might have occurred during the past 30 days. Taking them altogether, did these feelings occur **more often** in the past 30 days than is usual for you, **about the same** as is usual, or **less often** than usual? (If you **never** have any of these feelings, circle response option "4")

| More often than usual | | | About the same as usual | Less often than usual | | |
|------------------------------|-----------|---------------|--------------------------------|------------------------------|-----------|------------|
| A lot 7 | Some 6 | A little 5 | 4 | A little 3 | Some 2 | A lot 1 |

3. During the past 30 days, how many days out of the 30 were you totally unable to work or carry out your normal activities because of these feelings? _____ (number of days)

4. **Not counting the days you reported above**, how many days in the past 30 were you able to do only half or less of what you would normally have been able to do, because of these feelings? _____ (number of days)

5. During the past 30 days, how many times did you see a doctor or other health professional about these feelings? _____ (number of times)

| 6. During the past 30 days, how often have physical health problems been the main cause of these feelings? | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|------------------------|-------------------------|-------------------------|-----------------------------|-------------------------|
| | 5 | 4 | 3 | 2 | 1 |

Mini Z Single-Item Burnout Measure

Using your own definition of "burnout," please circle one of the answers below:

1. I enjoy my work. I have no symptoms of burnout.
2. I am under stress, and don't always have as much energy as I did, but I don't feel burned out.
3. I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.
4. The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.
5. I feel completely burned out. I am at the point where I may need to seek help.