

**COUNSELING APPOINTMENT FORM**

CLIENT'S DETAILS	
<b>FULL NAME</b>	
<b>STUDENT ID</b>	
<b>I/C NO. PASSPORT NO.</b>	
<b>NATIONALITY</b>	
<b>PROGRAMME</b>	
<b>CURRENT ADDRESS</b>	
<b>CONTACT NO.</b>	
<b>APPOINTMENT REQUESTED</b>	DATE: TIME:
<b>EMAIL ADDRESS</b>	

\*Notes: Please fill in this form and hand it over to the counsellor.

Student's signature

\_\_\_\_\_  
Name:

Date:

FOR OFFICE USE ONLY

Ref. No.: \_\_\_\_\_

WALK-IN / REFERRED by \_\_\_\_\_

Case Category (\*Please mark on the relevant concern):

Academic (AC)

Family (FM)

Behaviour (BV)

Financial (FC)

Career (CR)

Health (HH)

Emotional (EM)

Social adjustment (SA)

Others: \_\_\_\_\_

ATTENDED BY \_\_\_\_\_

SIGNATURE

NAME:

DATE:

## INFORMED CONSENT FOR COUNSELLING SERVICES

### **Nature of counseling**

Counseling is a helping process at which a counsellor meets with you, aiming to enhance your self-understanding and personal development, to empower you to cope with your problems and stress, to facilitate your adjustment to life and to assist you in making healthy life changes. The first meeting with a counsellor will be for a consultation to determine what services will be most helpful to you. It will be necessary to schedule a regular time to meet with a counsellor depending on the goals set and the needs of the issue. The counsellor will assist you in as timely a fashion as possible. The successful outcomes of the session depend on your courage and willingness to make a change. The counsellor will work together with you to achieve the goals. However all decisions are in your hands. Each session usually will begin at the appointed hour and last for about 50 minutes. Whenever you are unable to keep your counselling appointment, please contact the counsellor to cancel or reschedule.

### **Confidentiality in counselling**

The Counselling process adheres to a policy of strict confidentiality. All material and information discussed during the counselling sessions is strictly confidential. The counsellor has the right to consult other helping professionals such as other counsellors, psychologists, social workers, clinical psychologists, psychiatrists, with your consent in the interest of providing the best service possible. No one besides yourself and the counsellor will have access to your counselling records without your written permission, and only information, in your best interest, will be released without discussing this with you first. All records will be stored and retrieved according to acceptable ethical guidelines.

### **Limitations of confidentiality**

While the Malaysia Counselling Act which is stated in Akta Kaunseling (508) and professional ethics guidelines guarantee this confidentiality, there are however some exceptions or limitations. These exceptions and limitations include:

- ❖ **Imminent danger of harm to the client or another person**  
Immediate action may be necessary to prevent this from happening. This may require breaching confidentiality,
- ❖ **Any knowledge of physical abuse, sexual abuse of an individual, or neglect of a child or an elderly person.**
- ❖ **By court order**  
Subpoena for information of the client's condition has been issued and information about the client has to be released.

### **Fees and charges**

The counselling services are provided free to IUKL students.

I have read and understood the conditions listed above and I agree.

\_\_\_\_\_  
Client's signature  
Name:  
Date:

I have discussed the terms and condition of the counselling process with the client. I am to respect the client's decision and uphold ethical guidelines.

\_\_\_\_\_  
Counsellor's signature  
Name:  
Date: