

## AUP COUNSELING PROGRAM INTAKE AND CONFIDENTIALITY FORM

### **Legal obligations regarding the breach of confidentiality:**

The content of sessions booked through the AUP counseling program is confidential. However, counselors are obligated under French law to breach confidentiality under certain conditions:

- If you present a serious imminent danger to yourself or others
- In cases of apparent abuse or neglect of a child, an elderly person, or a disabled person
- If a crime has/is expected to be committed

If confidentiality needs to be broken, every effort will be made to fully discuss this with you before taking any action, and the minimum amount of information will be revealed—only enough to protect you or others. The following people/institutions may be contacted, only as necessary to keep you safe: AUP student services, parents/guardian, other emergency contact, medical professionals, or the police.

### **Sharing of information between student services and the off-campus counselors:**

The goal of the counseling program is to support AUP students in their personal and academic pursuits. With this in mind, in addition to the legal obligations stated above, there are some circumstances in which the sharing of information with student services may be beneficial. Although the specific content of sessions is not communicated with student services, when there is cause for significant concern either in your personal or academic life, the counselor may choose to share this concern with student services. If you are *not* in agreement with this, please inform the counselor and discuss other alternatives (eg. family member). Please know that you have the right to change your mind with regards to this, but that it is your responsibility to let us know if you do.

### **Release of confidentiality:**

In the case of a referral to another professional (psychiatrist, general practitioner, other therapist, etc.), it may be useful to share some information regarding your treatment. However, this will be discussed with you in advance, and your permission will be requested.

### **Cancellation Policy:**

Session times that you have scheduled are specifically reserved for you. Given the limited number of spots available, and out of respect for the counselor and the AUP counseling program, please give at least 24 hours notice should you need to cancel or reschedule a session. Missing a session may lead to student services being informed. (In case of a referral to a therapist in private practice, please note that this cancellation policy may differ.)

**Counselor availability and emergencies:**

For non-emergencies, please call your counselor between 9:00 a.m. and 8:00 p.m. If an urgent situation develops, please indicate it clearly in your message.

**In case of an emergency, please call:**

SOS Psychiatrie: 01 40 47 24 24 (emergency home visit by a psychiatrist)

SAMU: 15 (medical/psychological emergency)

**Or go to either of the following emergency rooms:**

CPOA – Ste Anne Hospital (open 24/7)

17 rue Broussais - 75014 Paris

Metro: Glacière

Phone: 01 45 65 81 09

01 45 65 81 10

Hopital Européen Georges Pompidou

20, rue Leblanc - 75015 Paris

Metro: Balard

Phone: 01 56 09 32 18 (until 8pm)

01 56 09 20 00 (8pm-midnight)

For more resources, please see your student handbook.

\_\_\_\_\_  
First and last name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## AUP COUNSELING PROGRAM INTAKE AND CONFIDENTIALITY FORM

*Name:*

*AUP ID#:*

*Date of birth:*

*Phone number:*

*Email address:*

*Address in Paris:*

*Building code:*

*Floor number:*

*Apartment number:*

**Emergency contact:** (in case we have reason to be concerned for your safety)

*Name:*

*Email:*

*Phone number:*

*Relationship to this person:*

*Country of residence:*

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