



Counseling Services
Activity Center – Student Services
3200 West C Street
Torrington, WY 82240
Phone: (307) 532-8238
(307) 532-8214
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debbie.ochsner@ewc.wy.edu

Professional Disclosure Statement – Debbie Ochsner, Director of Counseling Services

Wyoming Licensed Clinical Social Worker #477

- MSW – Master of Social Work, 2003, University of Wyoming

- B.S. in Social Science, Minor in Psychology, 1999, University of Wyoming

Areas of specialization in my practice include: relationships, depression, trauma, anxiety, adjustment, and career. I follow the Rules and Regulations of the Wyoming Mental Health Licensing Board and the Ethical Guidelines and Standards of Practice listed by the American Counseling Association (ACA) and the National Association of Social Workers (NASW).

Confidentiality, Limits of Services and Client Rights

All of our communications are privileged and confidential. They become part of a clinical record (separate from your academic record). The clinical record is kept confidential in accord with the National Association of Social Workers ethical standards and the Wyoming Mental Health Professions Licensing Board. Your written permission is required for me to release any information or records. You have the right to expect that the information you share in counseling and even the fact that you are involved in counseling will remain confidential with the following exceptions of suicide, homicide, suspected child abuse and/or neglect communicated by you or court order.

Length of therapy varies, with a primary focus on short-term treatment (6-8 clinical sessions) directed at helping students function at a healthy level in a college environment. If you require additional intensive services, prescription medications, or medical/emotional stabilization, I will work with you to connect with agencies in the surrounding community for services, resources and/or stabilization. Eastern Wyoming College does not manage chronic conditions requiring intensive or frequent contacts or medication management. If our short-term care model will not adequately meet your needs, I will discuss referral resources with you.

Should you be assessed to be a danger to yourself or others, or if hospitalization is pursued (either voluntarily or involuntarily), Campus Safety, the Vice President for Student Services office, and other members of the Behavioral Intervention Team will be notified and relevant material about the situation will be disclosed. The purpose of this disclosure is for assistance with the hospitalization process (as needed), parental notification (as appropriate), and development of a college Health Emergency Action plan that seeks to formulate a plan to address any situation that poses a significant risk of harm to the health and safety of yourself or others, significantly interferes with the rights of others, or disrupts the operation of the college.

Although I will work with you to achieve the best possible results for you, it is impossible to guarantee any specific results regarding your counseling goals. Personal counseling relationships are professional and contacts between clients and counselors are expected to be of a professional nature. Sexual intimacy between client and counselor is never appropriate.

Concerns should be shared with the Vice President for Student Services. If we are unable to resolve your concerns, you wish to obtain more information, or you would like to report a complaint you may contact the Mental Health Licensing Board, 1800 Carey Avenue, 4th Floor, Cheyenne, WY 82002 (307) 777-7788.

This information is provided as required by the Mental Health Licensing Act.

If you have any questions about the above items, please ask the counselor. Your signature below indicates that you understand all of the above information and you agree to work with EWC Counseling Services under these conditions, and you have received a copy of this disclosure statement.

Client's Printed Name

Client Signature

Date

