



Personal particulars

Name	:	
Student ID	:	
Faculty/ Term	:	
Date of Birth	:	
Gender	:	
Age	:	
Mobile	:	
Emergency contact	:	
Referred by	:	

Informed consent

Before beginning counselling sessions, I will be informed of the services being rendered, the potential risks and benefits of the counselling, my responsibilities in the counselling process and on the protection of personal information.

Counselling services

Counselling varies according to personalities of the counsellor and the client, as well as the particular issue that is brought or faces. Counselling calls for a very active effort on my part. For each therapy to be successful, I will have to work on things that have been discussed during the sessions and at home.

Counselling can have benefits and risks. As therapy usually involves disclosing unpleasant aspects of life, I may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, counselling has show to be beneficial for those who seek it, such as improvement in relationship, learning effective coping skills and problem solving, development in new skills, reduction in feelings of distress, changing unhealthy behaviours and improvement in one's self-esteem. However, there are no guarantees of what I will experience. Counselling is a process of personal exploration and may lead to major changes in my life perspectives and decisions. Together, I will work with the counsellor to achieve the best possible results.

Client responsibilities

I understand that counselling requires work form both the counsellor and the client. I will do my best to maintain appointments and show up prepared.

I understand the cancellation policy requires a notice of cancellation. I must call to cancel the scheduled appointment or to reschedule for another appointment.

Client right

- As a client, I have the right to ask questions about my counsellor, the services being provided to me and or other questions about the counselling process.
- I have the right to voice concerns or complaints to my counsellor.
- I have the right to request access to my personal information or request corrections to this information.
- I have the right to confidentially.

Confidentiality and data protection

I understand that all information I share with my counsellor is confidential except for the following exceptional circumstances:

- When there is a clear risk of substantial harm to myself or threat of harm towards another person, my counsellor is ethically bound to disclose this information to the appropriate authorities.
- When there is reason to believe that a child or a vulnerable adult needs protection, such as where a child or vulnerable adult has been or is legally bound to report the matter to appropriate authorities.
- When presenting/discussing the progress and complications of the case with higher management of MAHSA International College, Penang.
- When the court-of-law requires the release of personal information, my counsellor will disclose what is required.

If I have any questions or concerns about confidentiality, I will ask the counsellor for clarification.

Consent to counselling

I, acknowledge that I have received the MAHSA International College, Penang Counselling Agreement and informed Consent notification. I understand my rights involved. I hereby give my consent for the counsellor to collect my personal information and agree to the counselling services.

Signed:

Date:.....

Signature of Counsellor :

Name :

Date :

MAHSA International College, Penang
PDPA 2010 (ACT 709) CONSENT CLAUSE

By submitting your personal data to us, you consent to us collecting, using, disclosing and processing your personal data in accordance with our PDPA Notice. Please refer to the PDPA Notice at our PIDC website (www.micp.edu.my) for further details.

Please tick (v) in the box below.

Agree

Disagree

Name:

MyKad No./Passport No:

Date:



MAHSA
INTERNATIONAL COLLEGE
PENANG
(FORMERLY KNOWN AS PENANG INTERNATIONAL DENTAL COLLEGE)

Psychological report- CONFIDENTIAL
Counselling & Advisory Service Unit

Personal Particulars

Date:

Reference no	
Name	
Student ID	
Address/Hostel	
Age	
Date of birth	
Gender/Race	
Faculty/Curr. Year	
Mobile	
Referred By	

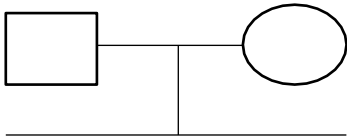
Case description

History of problems (onset/frequency/duration/severity)

Related issues

Client background

1. Family



Home town:

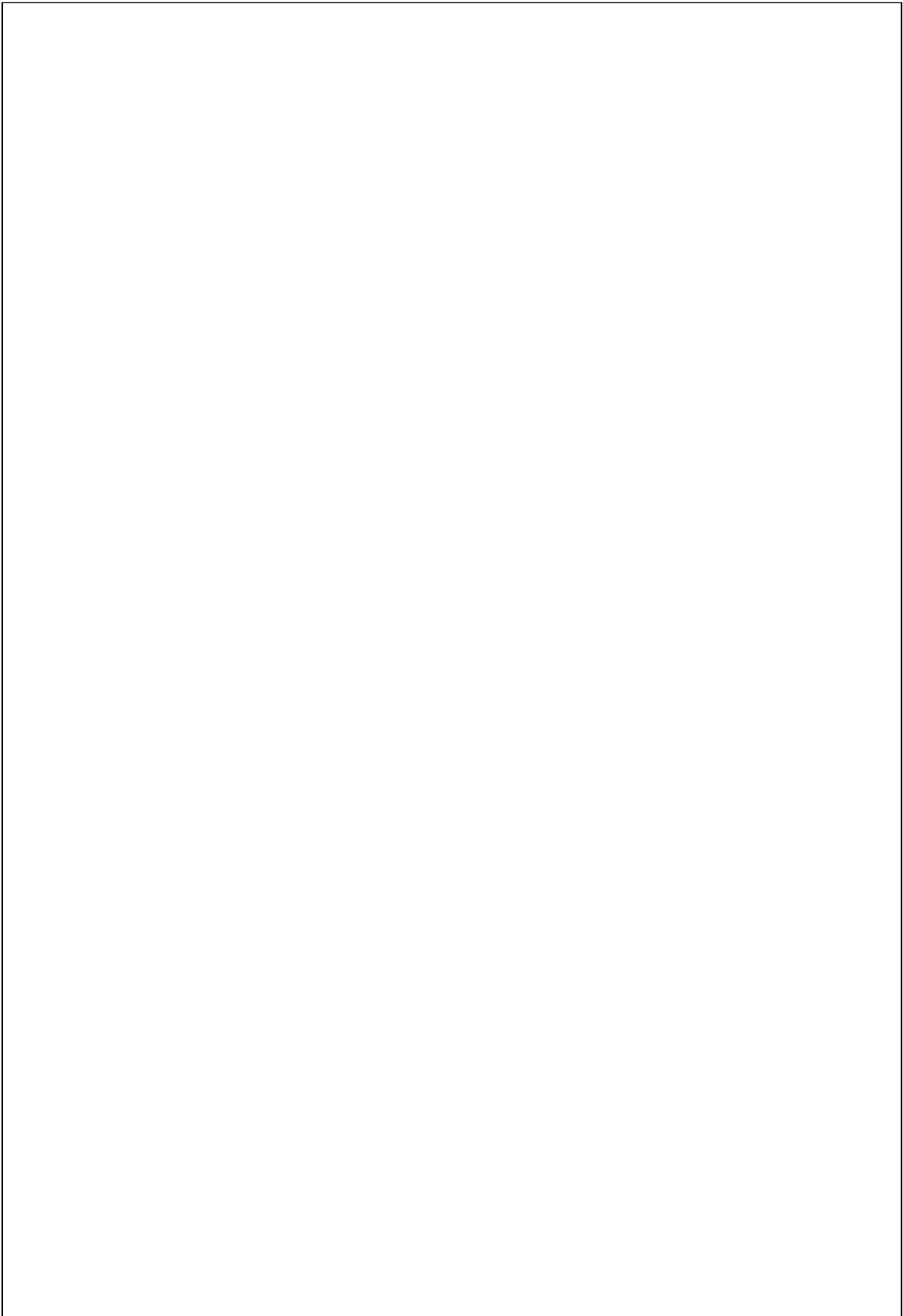
Closeness:

Disability in family:

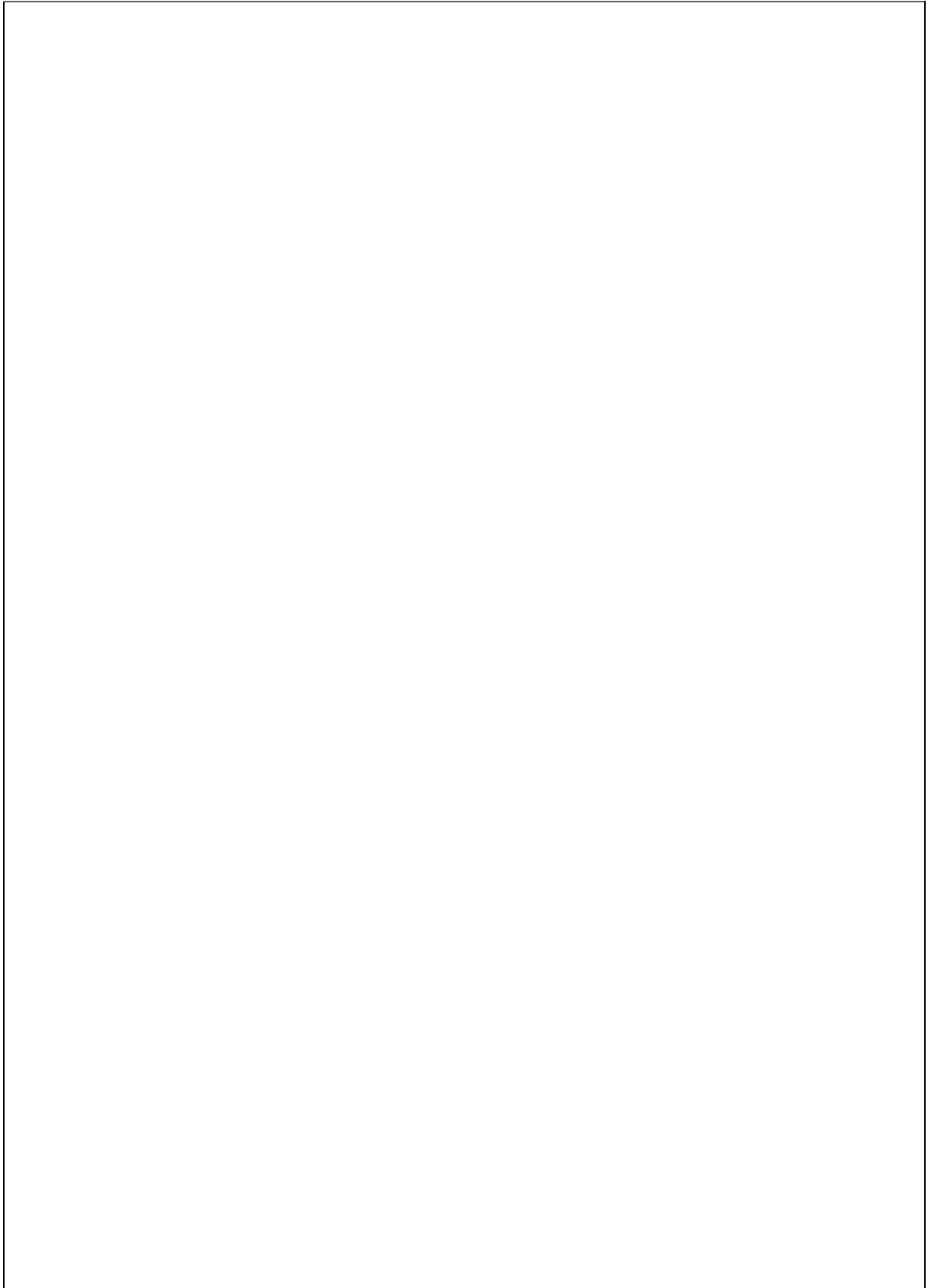
2. Social relationships (friends/roommates)

3. Medical history (psychiatric issues)

4. Assessments:

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5. Interventions

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