



COUNSELING ATTENDANCE POLICY

Purpose

For counseling to be effective, you must have a strong therapeutic alliance/relationship with your therapist. A primary way this alliance is built is through consistent attendance of all scheduled appointments. Therefore, Counseling Services has established the following attendance policies to support this alliance and ensure effective counseling services. Any exceptions to these policies will be reviewed by the Counseling Services Director on a case-by-case basis.

Attendance Policy

- **Initial Appointments.** Any student who misses their initial intake session, or who cancels with less than 24-hours notice, two consecutive times will have to wait until the following semester to reschedule an intake appointment on-campus. Students will be provided with other community resources for therapy services until they can reschedule.
- **Follow-up Appointments.** Any student engaged in counseling who misses their appointment, or who cancels with less than 24 hours notice, three consecutive times will have to wait until the following semester to schedule another appointment. In this situation, students will also be referred to the MU Case Management Team (CMT) for additional support. Students will be provided with other community resources for therapy until they can reschedule.
- **Late Arrivals.** Students who arrive more than fifteen minutes late or any counseling appointment will need to reschedule their appointment.
- **Disengaging from Therapy.** In addition, students at risk of harm who disengage from therapy despite recommendations for their safety and well-being will be referred to the MU Case Management Team (CMT) for additional support.

By signing below, I confirm that I have read and understand this information and agree to follow the Counseling Services Attendance Policy. This policy was explained to me by my clinician and I was given the opportunity to ask any questions.

Student Name (Print): _____

Student Signature: _____ Date: _____

Clinician Name (Print): _____

Clinician Signature: _____ Date: _____