**Service Provision**

UCC provides a variety of mental health services such as personal counseling and case management, to current UCC students who are experiencing difficulties that may be impacting their academic lives. Individual sessions may be up to 1 hour meetings that are goal oriented and focused on addressing concerns, identifying helpful strategies, developing a specific plan of action, identification of community and campus resources, and referrals for ongoing needs.

Students are provided 6 individual sessions per academic year. Group sessions can be made available to the student as an option once the session limit has been met. Services are available only during regular business hours in fall, winter, spring terms. There are reduced hours of availability in the summer.

During high demand times, a student’s request for services, may exceed the capacity of UCC staff to respond immediately. During these times, you may have to wait for a regularly scheduled appointment. Individuals who need more care will be referred to clinical providers or programs in the community.

If you need immediate assistance, please contact Compass Behavioral Health 24 HOUR CRISIS HELP: 541-440-3532 or 800-866-9780 or 911

**Cancellation Policy**

If you are unable to keep an appointment, call at least 24 hours in advance or AS SOON AS POSSIBLE.

If you do not call or email within 24 hours of your appointment or no show to an appointment, this will count as one of your 6 counseling sessions per academic year.

**Referral Source**

I learned about UCC Services from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I give my permission for the Life Coach to tell the referral source that I sought out services

**Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_**

**Confidentiality**

Therapeutic relationships are based on safety and respect. As such, confidentiality is considered essential for effective service. There are limits to confidentiality. The limits include threat of suicide, homicide or serious and foreseeable harm to self or others; abuse of a minor, elder or disabled person; court orders; or professional consultation. In those cases, the provider will be legally and ethically mandated to disclose.

The CARES (Care, Assess, Respond, Evaluate and Support) team on campus is a behavioral intervention team designed to provide support to students on campus via behavioral intervention. In the event that you discontinue services abruptly, or without a plan or contact, or where the Life Coach has concerns about your wellbeing or safety, consultation with this team may occur.

Treatment records, or the content and records of services, will be kept separate from educational records. Records related to services are available to the student to access upon request. If the provider determines that releasing them would cause serious harm, they reserve the right not to release them or it may be arranged for the student to view the records with the provider present. With a signed release of information from the student, we will communicate with and provide records to other individuals and entities.

Student appointments will be scheduled in the confidential Advisortrac system. Access to the provider calendar is limited to those UCC staff who require access to it for the exclusive purposes of scheduling, program supervision and service tracking, or technical support.

**I have read the above statement regarding the conditions of receiving services at Umpqua Community College. I accept these conditions and give my consent to participate in services, through the Division of Student Services at Umpqua Community College. If I have additional concerns, I will discuss this with the staff prior to beginning the process.**

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Printed Name UCC ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**CONSENT FOR TELE-COUNSELING MEETINGS**

***Due to the current public health crisis around COVID 19, we are offering remote appointments through video conferencing technology; in order to make sure that students still have access to counseling services while they are staying healthy and not coming in for face to face appointments. Below are considerations to ensure you understand the risks and benefits of these meetings***

1. I understand that my counselor and I have agreed to engage in a remote meeting via zoom software.

2. I understand that because I will not be in the same room as staff, the zoom conferencing technology that will be used for a meeting will not be the same as a direct in person visit in every way.

3. I understand that a zoom meeting has potential benefits including easier access to care and the convenience of meeting from home, as well as being able to meet when it is not possible to meet in person.

4. I understand there are potential risks to this technology, including unanticipated interruptions due to internet connection, unauthorized access, and technical difficulties. Zoom has privacy practices in place to mitigate this including security features, encryption and others, although these risks still exist, and are not exhaustive. I understand that staff or I can discontinue the visit if it is felt that the videoconferencing connections are not adequate for the situation.

5. I have been provided an opportunity to ask questions or discuss concerns with my provider about zoom meetings. My questions have been answered; the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

**CONSENT TO ZOOM FOR COUNSELING MEETINGS**

Zoom is a technology service we will use to conduct videoconferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. Zoom meetings are NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911, or to call the local Compass Behavioral Health Crisis Line at 800-866-9780.

2. Though the staff and I may be in direct, virtual contact through a chosen platform, it does not provide any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.

3. Zoom technology facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.

4. I do not assume that my provider has access to any or all of the technical information – or that such information is current, accurate or up-to-date. I will not rely on the staff to have any of this information.

5. To maintain confidentiality, I will not share my appointment link with anyone unauthorized to attend the appointment.

6. I will not record video or audio without the staff’s consent. This can compromise your privacy and confidentiality.

7. I understand that I may be asked to create a safety plan that indicates how myself and staff will plan in the event of a physical or mental health emergency during the call, including providing information about my physical location so that emergency aid can be dispensed if needed.

8. I consent to electronically submitting my informed consent via email with the understanding that there are potential risks to this technology similar to other electronic methods due to internet connection, technical difficulties and/or unauthorized access.

**By signing this form (or electronically consenting), I certify that:**

 I have read or had this form read and/or explained to me

 I fully understand its contents including the risks and benefits.

 I have been given opportunity to ask questions and that any questions have been answered to my satisfaction.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_