INFORMED CONSENT FOR COUNSELING SERVICES AT UMPQUA COMMUNITY COLLEGE

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.

All UCC students are initially provided with 6 individual sessions per academic year, with additional sessions available on a case by case basis. Case by case extensions of the limit will be based on individual need and presenting concern, counselor availability and clinical judgment.

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 Counseling Services from ______________________.

I give my permission for the Counselor 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, 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.

STUDENTS 17 and UNDER: A student who is 14 years or older may access counseling services without parental consent. The counselor may disclose health information to a minor's parent or guardian if 1) it is clinically appropriate and in the minor's best interest, 2) the minor must be admitted to a detoxification program, or 3) the minor is at risk of committing suicide and requires hospital admission. Counselors are expected to involve parents or guardians by the end of the minor's treatment unless the parent/guardian refuses involvement, it is inadvisable or unsafe to do so due to clear clinical indications to the contrary (example: identified sexual abuse) or the minor has been emancipated and/or separated from the parent for at least 90 days.

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.

______________________________ ______________________________
Printed Name UCC ID Number

______________________________ ______________________________
Signature Date

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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.

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AT UMPQUA COMMUNITY COLLEGE

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 ________________

UMPQUA COMMUNITY COLLEGE
Counseling Services
CONFIDENTIAL CLIENT DATA SHEET

The following will help us to serve you better. As with all information you share with your life coach, this information is treated with professional confidentiality. Please contact us if this information changes.

Please Print and complete all information. Thank you. **Today's** Date: ______________________

____

Last Name | First Name | Middle Initial | Preferred Pronouns (she, her, he, him, they, them etc.)

____

Date of Birth | Age | UCC Student ID#

____

Mailing Address | City | State | Zip Code

Please fill in below the number(s) at which we may call you (note that cell phones may not be secure):

____

Cell Phone | Message Home | Home Phone

May we leave a message at the numbers above? ☐ Yes No ☐

Are you currently enrolled at UCC? ☐ Yes No ☐

Partnership Status:

☐Single/Not in a relationship ☐Separated/Divorced ☐Dating
☐Widowed ☐Married/Life partner ☐Other: ______________________

Length of relationship: ______________ Number of dependents: ______________

Are you currently employed? ☐ Yes If yes, how many hours per week?__________ ☐ No

Do you have health insurance? ☐ Yes ☐ No

Are you currently under the care of a mental health professional? (e.g., counselor, psychologist, psychiatrist, etc.)
☐ Yes ☐ No
If yes, please list your diagnosis or reason for seeking treatment:______________________________

Have you received counseling in the past? When was your last appointment? ______________
☐ Yes ☐ No
If yes, please list your diagnosis or reason for seeking treatment:______________________________

Please list any medical or psychological conditions you may have:______________________ ____________

____

____

Please list any medications you are currently taking:__________________ ____________ ____________

____

____

UCC is an equal opportunity affirmative action employer and educator.

Intake Checklist

Please check items causing you distress today. This list will assist your counselor in making a complete assessment of your concerns in order to be the most helpful to you.

- ☐ Loneliness
- ☐ Assertiveness problem (Can't speak up/say no)
- ☐ Difficulty trusting other peopleg
- ☐ Homesickness
- ☐ Relationship problem(s)
- ☐ Conflict with roommate or friend with parents or family members

- ☐ Suicidal feelings/thoughts
- ☐ Cutting or self-injury
- ☐ Depressed mood
- ☐ Hopelessness
- ☐ Guilt
- ☐ Crying
- ☐ Mood fluctuations or sudden shifts
- ☐ Anger/Irritability/hostile feelings

- ☐ Concerned about my alcohol use
- ☐ Concerned about my drug use
- ☐ Family alcohol or drug problem
- ☐ Gambling

- ☐ PTSD
- ☐ Anxious or nervous
- ☐ Stress or unable to relax
- ☐ Sleep difficulties
- ☐ Worrying
- ☐ Panic Attacks
- ☐ Fears/Phobias
- ☐ Obsession/uncontrollable thoughts
- ☐ Performance/test anxiety

- ☐ Attention/concentration problems
- ☐ Perfectionism
- ☐ Procrastination or motivation problems

- ☐ Death
- ☐ Relationship ending

- ☐ Incidence of physical or sexual abuse
- ☐ Victim of other violence
- ☐ Traumatic event

- ☐ Weight/body image
- ☐ Appetite problems
- ☐ Over or under eating
- ☐ Purging (vomiting, laxatives, over exercising)

- ☐ Feeling lost or uncertain about who I am
- ☐ Self-esteem/self-confidence
- ☐ Sexual identity/orientation concerns
- ☐ Racial/ethnic/cultural identity concern
- ☐ Religious/spiritual concerns

- ☐ Hearing voices
- ☐ Seeing things that aren't there
- ☐ Concerns that others can hear your thoughts or that you can hear theirs.

(Others: please identify)

____

____

On a scale of 1-10, with zero being no interference and ten being severe interference, please estimate how much your problem(s) are affecting the following areas of your life:

1	2	3	4	5	6	7	8	9	10
No Academic Interference				Some Academic Interference				Severe Academic Interference	

1	2	3	4	5	6	7	8	9	10
No Social Interference				Some Social Interference				Severe Social Interference	

What would you like to achieve in meeting with a counselor today?

____

____

____