



**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.

In general, services at UCC are meant to be brief with connections to long term more intensive services when needed. Number of sessions available per students may vary based on individual need, presenting concern, counselor availability and clinical judgment. If it is determined that a student needs community based treatment, counseling staff will provide appropriate referral information and information about how to access needed services in the community.

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.

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



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disabled person; court orders; or professional consultation. In those cases, the provider will be legally and ethically mandated to disclose. UCC counseling staff do not participate in court proceedings regarding students they are meeting with unless when court ordered or subpoenaed.

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 staff have 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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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 counselor, 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 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: _____

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.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Loneliness <input type="checkbox"/> Assertiveness problem (Can't speak up/say no) <input type="checkbox"/> Difficulty trusting other people <input type="checkbox"/> Homesickness <input type="checkbox"/> Relationship problem(s) <input type="checkbox"/> Conflict with roommate or friend with parents or family members <input type="checkbox"/> Suicidal feelings/thoughts <input type="checkbox"/> Cutting or self-injury <input type="checkbox"/> Depressed mood <input type="checkbox"/> Hopelessness <input type="checkbox"/> Guilt <input type="checkbox"/> Crying <input type="checkbox"/> Mood fluctuations or sudden shifts <input type="checkbox"/> Anger/Irritability/hostile feelings
 <input type="checkbox"/> Concerned about my alcohol use <input type="checkbox"/> Concerned about my drug use <input type="checkbox"/> Family alcohol or drug problem <input type="checkbox"/> Gambling
 <input type="checkbox"/> PTSD <input type="checkbox"/> Anxious or nervous <input type="checkbox"/> Stress or unable to relax <input type="checkbox"/> Sleep difficulties <input type="checkbox"/> Worrying <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Fears/Phobias <input type="checkbox"/> Obsession/uncontrollable thoughts <input type="checkbox"/> Performance/test anxiety | <ul style="list-style-type: none"> <input type="checkbox"/> Attention/concentration problems <input type="checkbox"/> Perfectionism <input type="checkbox"/> Procrastination or motivation problems
 <input type="checkbox"/> Death <input type="checkbox"/> Relationship ending
 <input type="checkbox"/> Incidence of physical or sexual abuse <input type="checkbox"/> Victim of other violence <input type="checkbox"/> Traumatic event
 <input type="checkbox"/> Weight/body image <input type="checkbox"/> Appetite problems <input type="checkbox"/> Over or under eating <input type="checkbox"/> Purging (vomiting, laxatives, over exercising)
 <input type="checkbox"/> Feeling lost or uncertain about who I am <input type="checkbox"/> Self-esteem/self-confidence <input type="checkbox"/> Sexual identity/orientation concerns <input type="checkbox"/> Racial/ethnic/cultural identity concern <input type="checkbox"/> Religious/spiritual concerns
 <input type="checkbox"/> Hearing voices <input type="checkbox"/> Seeing things that aren't there <input type="checkbox"/> 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?
