

**PACIFIC UNIVERSITY STUDENT COUNSELING CENTER (SCC)
CONSENT FOR CLINICAL SERVICES AND PERSONAL INFORMATION FORM**

This document answers some important questions concerning our clinical services, which include consultations, crisis services, group therapy, and short-term individual therapy. During your first appointment at the SCC, the clinician will talk with you to clarify your concerns and together determine a plan to address them. This plan may include resources on-campus and off-campus, SCC workshops and events, group therapy, and/or short-term individual therapy. When our staff determine that your needs fall outside of our scope of practice and/or you are seeking speciality or long-term mental health services, the clinician will facilitate a referral in the community. Rare exceptions to short-term therapy are made on a case-by-case basis by our clinical team.

ELIGIBILITY FOR CLINICAL SERVICES:

- Enrolled Pacific University students who have paid the Student Support Fee are eligible for services at the SCC.
- Licensing regulations require that all services be provided only when you are located within the state of Oregon.
- Students who engage in inappropriate, harassing, threatening, or violent behaviors towards SCC staff may lose eligibility for services.

CLIENT RISKS, BENEFITS, AND RIGHTS:

- For counseling to be effective, it is important for you to be active and engaged with your clinician by sharing your concerns and working toward your goals outside of counseling sessions.
- While it is not possible to guarantee outcomes, the SCC is committed to providing high quality services.
- Counseling often involves discussion of difficult topics, and you may experience uncomfortable feelings.
- Engaging in counseling can lead to benefits such as a reduction in distress, increased satisfaction in relationships, greater personal and cultural awareness, and increased skills for managing your concerns.
- You are encouraged to ask for information regarding clinician credentials, qualifications, therapy approaches, and possible alternative treatments.
- Links to ethics standards, state laws, and administrative rules of the professional licensing boards relevant to the staff at SCC, are available on request.
- You should expect to receive considerate, respectful, and culturally sensitive services regardless of sex, gender, disability, sexual identity, race, ethnicity, creed, religion, body size, age, socioeconomic status, or national origin.
- You may request or refuse any particular technique or withdraw from treatment at any time.
- You understand that by coming to the office you are taking on the risk of a contagious illness.
- If you're feeling unwell or you know that you've been exposed to a contagious illness, stay home and seek appropriate health care. Contact our clinic to reschedule, cancel, or arrange for a teletherapy appointment.
- Mask wearing is not required, but is welcomed at the SCC.

CLINICAL STAFF:

- Our staff is composed of both licensed and pre-licensed clinicians. Your clinician will provide more information regarding their specific credentials during your initial appointment.
- Our pre-licensed staff include Clinical Psychology and Counseling graduate students, who adhere to the same ethical and legal standards as licensed clinicians and are supervised by licensed clinicians at our center.
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VIDEO RECORDING:

- With your written permission, our pre-licensed clinicians at the SCC routinely use audio-visual equipment to record sessions with their clients to facilitate consultation with their SCC licensed clinical supervisor to enhance your care.
- These recordings are confidential, they are routinely erased, and not all of them are reviewed.
- If you do not want sessions recorded, you are under no obligation to consent to this request. Your clinician will provide additional information during your first meeting.
- **Signing here indicates that you have read the Video Recording section and you provide consent to record your counseling sessions:** _____

CONFIDENTIALITY AND PRIVACY PRACTICES

Counseling services at the SCC are confidential and are protected by Oregon State Laws, our professional ethics, and by the Family Educational Rights and Privacy Act (FERPA). In general, no information gathered through counseling services is shared outside the SCC without your written permission. Within the SCC, confidential information is shared among staff for purposes of scheduling, clinical consultation, supervision, and training. Please see below the legal and

ethical mandates to break confidentiality that are primarily focused on preventing harm to you and others:

- When we determine that there is a strong possibility of serious harm or death to yourself or someone else and we are unable to collaborate on a plan with you to ensure safety.
- When we learn of abuse or neglect of children, adults with mental illness or with developmental disabilities, the elderly, animals, and/or sexual activity with someone under the age of 18.
- In cases where there is a legal subpoena or a court order for records.
- If you file a worker compensation claim or claim mental illness as a defense in a criminal or civil legal action.
- Oregon Professional Licensing Boards that regulate our work may subpoena relevant records should our staff become the subject of a complaint. If a client files a complaint or lawsuit against the SCC, we may disclose relevant information regarding that client.
- Some high security employment positions (e.g., government, Peace Corps, law enforcement, military, etc.) and licensing boards (e.g., state attorney, mental health regulating boards, etc.) may request or require you to release medical records as part of a background check. We will only respond to such requests with your written authorization specifically to release your mental health records.
- We may be required to disclose, without your written authorization, your health information to authorized federal officials, with a legal subpoena or a court order, who are conducting national security and intelligence activities.
- In the event of your death, a personal representative of your estate or next of kin will have a legal right to access your treatment records and we can share health information with a coroner or medical examiner.
- If you are between 14 and 18 years old, you may access counseling services without consent of your guardian, however our clinicians are expected to inform your guardians by the end of treatment unless this is therapeutically contraindicated.

CONFIDENTIALITY AND TELETHERAPY

- Teletherapy services have the same confidentiality coverage and limits thereof as in-person services described above with some additional considerations.
- As with any technology, there are risks of intrusion by hackers or other unauthorized users. SCC takes steps to limit these risks by utilizing password protected hardware and software, a secure server, and encrypted software for online forms and videoconferencing.

MAINTENANCE OF RECORDS:

- Electronic and written records of contact with the SCC are kept secure according to legal and ethical standards set by state and federal law, FERPA Treatment Records, and the American Psychological Association.
- The SCC utilizes electronic health records, which are housed on a secure centralized server and can be accessed only by current authorized SCC staff.
- These mental health records are separate from all other university records.
- The SCC 24/7 Support and Crisis Line engages in ongoing collaboration with clinicians at the SCC and provides confidential call summary reports which are treated as SCC treatment records.
- Current and former SCC clients may request to review their records with their clinician or to release relevant information from their records to appropriate professionals by signing an SCC Authorization to Release Protected Health Information form.
- In compliance with state law and university policy, records are maintained for 7 years following the date of last contact and are then destroyed.

PERSONAL INFORMATION

We request the following personal information to better serve you as a cultural being within the therapeutic process. We utilize aggregate and non-identifiable information to aid in our ongoing efforts towards more effective, equitable, and inclusive services for our community. Beyond your name, contact information, and emergency contact information, you are not required to fill out any information that you are not comfortable sharing with us. Please provide updated information to your clinician when applicable.

Name: _____
Last First Middle Initial

Name you would like us to call you (if different from above): _____

Date of Birth: _____ - _____ - _____ Residence Hall, if applicable: _____

Local Address: _____
Street City State Zip

Phone Number: (____) _____ - _____ May we leave a message mentioning the SCC? Yes ☐ No ☐

EMAIL COMMUNICATION:

- At the SCC, we use email for appointment reminders, facilitating logistics for teletherapy, scheduling, providing resources, and sending links to anonymous surveys. We do NOT use email to engage in therapeutic conversations.
- Please be aware that e-mail communication cannot be guaranteed to be confidential and may be vulnerable to unauthorized access.
- If you desire a more secure form of communication, please use the telephone. We are also able to utilize an email encryption service through UIS; if you prefer to communicate in this way, please notify us.
- Our email is not monitored outside of office hours. We cannot always respond to emails immediately and may take up to 48-hours to respond. Because of this potential delay, we ask that you do not use email if you are experiencing a mental health emergency or crisis.
- **Sign here to give consent for the SCC to contact this email address within the parameters described above. Please leave blank if you do not give permission.** _____

Please provide us with your email, if you consent to us using this form of communication: _____

EMERGENCY CONTACT:

Name of Emergency Contact Accessible to Your Location: _____
Relationship with Emergency Contact Accessible to Your Location: _____
Phone Number for Emergency Contact Accessible to Your Location: _____
Nearest Emergency Room: _____
Emergency Room Phone Number: _____
Emergency Room Address: _____

My gender identity: _____ (e.g., fluid, female, trans*, male, gender queer, non-binary...)

My pronouns: _____ (e.g., she, they, he, ze, sie/hir, just my name...)

My sexual identity: _____ (e.g., gay, straight, asexual, queer, lesbian, bisexual, pansexual...)

My racial, cultural, and/or ethnic identity: _____

I am an international or ELI student from, fill in the country(s): _____

My religious or spiritual identity/background: _____

Relationship status: _____ (e.g., partnered, polyamorous, married, single...)

I am a caregiver for: _____

I grew up in: _____

I am employed: Yes ☐ No ☐ Employer: _____ # of hours I work per week: _____

I am involved in the following extracurricular activities: _____

I am a student athlete: Yes ☐ No ☐ Sport: _____

Women's Basketball
Men's Basketball
Men's Baseball
Women's Cross Country
Men's Cross Country
Men's Football
Women's Golf
Women's Lacrosse

Women's Rowing
Women's Soccer
Women's Softball
Women's Swimming
Men's Swimming
Women's Tennis
Men's Tennis
Women's Track & Field

Men's Track & Field
Women's Volleyball
Women's Wrestling
Men's Wrestling
Cheerleading
Dance Team
Handball
Rugby

☐ I am an Undergraduate Student, majoring in: _____

Exploring/Undeclared
Accounting
Anthropology
Applied Science
Applied Sustainability (Fostering Sustainable Behavior & Communities, Outdoor Leadership & Environmental Stewardship, Sustainable Agriculture & Water Systems)
Applied Theatre
Art (Design Track, Fine Art Track)
Art History
Bioinformatics
Biology
Business Administration (Accounting, Finance, International Business, Management, Marketing)
Chemistry
Computer Science
Creative Writing
Criminal Justice, Law & Society
Dance
Data Science

Dual Language
Economics
Education & Learning
Engineering
English Literature
Environmental Science (Biology, Toxicology, Chemistry, Pharmacy)
Environmental Studies: Policy, Culture, Society (Economics, Ethics, Politics & Government, Sustainable Design)
Exercise Science/Athletic Training
Film & Video
French
German Studies
Graphic Design
Health Science
History
International Studies
Japanese
Journalism
Kinesiology/Athletic Training
Literature
Mathematics
Multimedia

Music Education and Teaching License
Music Therapy
Music (Instrumental Performance, Piano Performance, Vocal Performance Teaching)
Outdoor Leadership
Philosophy
Physics
Politics & Government
Psychology
Public Health
Self-Designed Interdisciplinary Studies
Social Work
Sociology
Spanish
Sports Communication
Sports Leadership & Management
Teaching and English Language Learning
Theatre
Vision Science

Other Major, not listed above: _____

☐ I am a Graduate/Professional student in (your degree program): _____

Applied Psychological Science -MA
Athletic Training – MS
Audiology – AuD
Business Administration – MBA
Clinical Psychology – PhD & PsyD
Communication Sciences and Disorders - CSD
Dental Hygiene – BSDH

Education – MA & MEd
Education & Leadership – PhD
Healthcare Management - MBA
Nonprofit Leadership
Occupational Therapy – OTD
Optometry – OD
Pharmacy – MS & PharmD
Physical Therapy – DPT

Physician Assistant - MS, DHSc, DMSc
Social Work – MSW
Speech Language Pathology – MS
Teaching – MAT
Vision Science – MS & PhD
Visual Function in Learning - MEd
Writing – MFA

Other Graduate/Professional Program, not listed above: _____

☐ I am a non-degree seeking student

I am a transfer student: Yes ☐ No ☐

My Year in School: 1st 2nd 3rd 4th or higher _____

I am a Veteran: Yes ☐ No ☐

I am an Active Military Personnel: Yes ☐ No ☐

I am a Pell Grant recipient: Yes ☐ No ☐

I am the first generation of my family to attend college: Yes ☐ No ☐

Please share briefly what brings you in for this consultation:

The following encouraged me to come to the SCC: (check all that apply)

- ☐ Myself
- ☐ Friend
- ☐ Family/Parents
- ☐ Partner/Spouse
- ☐ Professor/Academic Advisor
- ☐ Office of Accessibility and Accommodation Services
- ☐ Student and Employee Health Center
- ☐ Office of Student Support
- ☐ Campus Living (Housing/Res Life)
- ☐ Coach/Athletic Trainer
- ☐ Confidential Advocate/Title IX Office
- ☐ Student Conduct for BASICS/CASICS
- ☐ Other _____

Health Insurance: _____

I am currently (within the last year) under the care of a medical provider: Yes ☐ No ☐

I have one or more medical conditions that may affect my wellbeing or mental health: Yes ☐ No ☐

If yes, please describe: _____

I am currently taking medications, herbs, or supplements: Yes* ☐ No ☐ *If yes, please list them below

Medication, Herb, or Supplement	Dosage/Frequency	Purpose (e.g. sleep, depression...)	Prescribed By

I have (or suspect I have) a disability: Yes ☐ No ☐ **Please describe:** _____

I am registered with Pacific University Office of Accessibility and Accommodation Services: Yes ☐ No ☐

I have had previous counseling or psychotherapy: Yes ☐ No ☐

Where? _____ With Whom? _____

I am currently receiving counseling or psychotherapy somewhere other than here (SCC)? Yes ☐ No ☐

Where? _____ With whom? _____

My family has a history of: (check all that apply)

- ☐ Mental health condition(s)
- ☐ Suicidality
- ☐ Alcoholism/other drug use or abuse
- ☐ Interpersonal violence
- ☐ Experiences of oppression
- ☐ Traumatic experiences
- ☐ Serious or chronic medical condition

Other _____

I have experienced oppression regarding:
(Check all that apply)

- ☐ Ethnic identity
- ☐ Racial identity
- ☐ National origin/immigration status
- ☐ Sexual identity
- ☐ Gender identity
- ☐ Disability
- ☐ Socioeconomic status
- ☐ Religious/spiritual identity
- ☐ Body size/shape
- ☐ Other (specify) _____

I have experienced a recent loss:

- ☐ Death
- ☐ Relationship ending
- ☐ Communal loss
- ☐ Other (specify) _____

We recognize the impact of trauma on individuals and communities. Check all that you have experienced:

- ☐ Unwanted/nonconsensual sexual experience
- ☐ Sexual assault or abuse
- ☐ Physical assault or abuse
- ☐ Verbal assault or abuse
- ☐ Digital or social media harassment
- ☐ Sexual or gender-based harassment
- ☐ Stalking
- ☐ Mass trauma
- ☐ Community violence
- ☐ Hate incidents
- ☐ Natural disaster
- ☐ Migration-related trauma
- ☐ Other _____

Timeframe of Traumatic Experiences:

- ☐ During the current 2023-24 academic year
- ☐ In the past

I consume alcohol:

- ☐ 4 or more times per week
- ☐ 2-3 times per week
- ☐ 2-4 times per month
- ☐ Monthly or less
- ☐ I do not use alcohol
- ☐ I'm in recovery
- ☐ I'm in recovery and have experienced a return to use

I consume cannabis/THC:

- ☐ 4 or more times per week
- ☐ 2-3 times per week
- ☐ 2-4 times per month
- ☐ Monthly or less
- ☐ I do not use cannabis/THC
- ☐ I'm in recovery
- ☐ I'm in recovery and have experienced a return to use

I consume _____ caffeinated beverages (including coffee/soda) on average per day.

I use sleep aids (e.g., over-the-counter, prescription, cannabis/THC/CBD) on average _____ nights a week.

I use the following other substances:

- ☐ Stimulants (Cocaine/Speed/ off-label Ritalin/Adderall)
- ☐ Depressants (Benzo/Xanax/ Barbiturates/Ativan/Ambien/etc.)
- ☐ Hallucinogens (Mushrooms/Acid/PCP/ LSD/DMT/Peyote/Psilocybin/Ketamine)
- ☐ Opioids (Oxycontin/Heroin)
- ☐ MDMA (Ecstasy/Molly)
- ☐ Steroids
- ☐ Inhalants (solvents/aerosols/ glues/etc.)
- ☐ Kratom
- ☐ Tobacco
- ☐ Other (specify) _____

The following has resulted from my alcohol and/or substance use: (check any that apply)

- ☐ Legal concerns
- ☐ Relationship concerns
- ☐ Blackouts
- ☐ Student Conduct disciplinary action
- ☐ Academic concerns
- ☐ Difficulties with memory
- ☐ Other (specify) _____

In the **past TWO WEEKS**, I have had the following concerns:

0 = no concern					1 = little concern					2 = moderate concern					3 = significant concern				
0	1	2	3	sleep	0	1	2	3	feeling anxious										
0	1	2	3	intentional self-harm	0	1	2	3	sadness or depressed mood										
0	1	2	3	appetite	0	1	2	3	acting in a violent manner										
0	1	2	3	worthlessness	0	1	2	3	don't like my body										
0	1	2	3	poor concentration	0	1	2	3	absent from classes too often										
0	1	2	3	trauma	0	1	2	3	change in my support system										
0	1	2	3	low energy or fatigue	0	1	2	3	indecision about major/career choice										
0	1	2	3	headaches	0	1	2	3	questioning my reality										
0	1	2	3	experiencing oppression	0	1	2	3	difficulty with memory										
0	1	2	3	satisfaction with sexual activity	0	1	2	3	thinking of leaving Pacific										
0	1	2	3	often worried	0	1	2	3	identity exploration										
0	1	2	3	feeling unsafe	0	1	2	3	thoughts of harming someone										
0	1	2	3	acting impulsively	0	1	2	3	financial problems										
0	1	2	3	changes in weight	0	1	2	3	concerns regarding eating										
0	1	2	3	thoughts of ending my life	0	1	2	3	my use of alcohol or other substances										
0	1	2	3	stress	0	1	2	3	feeling threatened by someone										
0	1	2	3	seeing or hearing things others do not	0	1	2	3	attention or focus										
0	1	2	3	feeling irritable or angry	0	1	2	3	sense of belonging										
0	1	2	3	change in activity level															

Please estimate how much your concerns are affecting the following areas of your life:

	No Interference	Mild Interference	Moderate Interference	Severe Interference
Academic				
Social				
Work/Practicum				
Physical				

AVAILABILITY OF SERVICES:

- Call or visit our website for current hours and office locations.
- The SCC clinics operate by appointment with exceptions for crises and urgent situations. No appointment is needed during our walk-in hour weekdays at noon when our offices are open.
- Qualified mental health professionals are available to provide confidential support and connect you with resources **anytime** by calling the **SCC 24/7 Support and Crisis Line at 503-352-2999**.
- **Other urgent & emergency services when the SCC clinics are closed: Hawthorn Walk-in Center – 503-291-9111 or your local hospital emergency room**
- The SCC clinics are closed during university observed holidays, Winter Break and Spring Break (College of Arts & Sciences calendar), and have limited clinical capacity in the summer.

Please share with us your preferences for characteristics of an ongoing short-term therapist. We greatly value your expressed needs and will strive to accommodate your requests within the capacities at the SCC. When we are unable to accommodate your preference, we will work to assist with an appropriate referral for care in the community when requested.

- Ethnic or Racial Identity
- Gender Identity
- Sexual Identity
- Language Spoken
- Religious/Spiritual Beliefs
- Theoretical Orientation/Modality of Treatment
- Credentials/Licensure
- Other preferences

Please specify your preferences here: _____

Please indicate the times you are NOT available for an appointment by marking an X in the boxes below:

	Mon	Tues	Wed	Thurs	Fri
9 AM					
10 AM					
11 AM					
Noon					
1 PM					
2 PM					
3 PM					
4 PM					
5 PM					

My signature indicates that I understand, authorize, and request mental health services at the SCC as outlined above:

Signature: _____

Date: _____

IF YOU ARE DISSATISFIED:

- If you have concerns or complaints about the services you received at the SCC and/or you believe that your rights to privacy have been violated, we encourage you to discuss these concerns with your clinician.
- If you feel unable to speak with your clinician, or the difficulty cannot be resolved by working with your clinician, please contact the Director of the SCC at 503-352-2191 or email counselingcenter@pacificu.edu.
- If you would rather report your concerns to someone outside of the SCC, you are welcome to contact the Vice President of Student Affairs and Enrollment Management at 503-352-1457.