The below information answers some important questions concerning our clinical services. If you have questions or concerns after reading this information, please speak with your clinician.

The SCC provides the following clinical services: consultations, crisis services, group therapy, and short-term individual therapy to eligible students. Services are provided in-person and via teletherapy, including phone and secure video conferencing.

During your first appointment at the SCC, the clinician will talk with you to clarify your concerns and together determine the options best suited for your needs. The options at the SCC may include sharing resources, a follow-up consultation, a referral to group therapy, or short-term individual therapy. When our staff determine that your needs fall outside of our scope of practice and/or you are seeking long-term, comprehensive, or specialty mental health services, the clinician will facilitate a referral in the community. Additionally, 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 when your concerns are within our scope of practice.
- Licensing regulations require that teletherapy services be provided only when you are located within the state of Oregon. You are eligible for teletherapy services when it is deemed to be an appropriate form of treatment for your presenting concerns. Please note that teletherapy may not be appropriate or effective for managing mental health emergencies. You must have appropriate technology to access teletherapy.
- 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.
- Although 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 stress.
- 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.

**RISKS AND PROTOCOLS TO MINIMIZE COMMUNICABLE ILLNESS TRANSMISSION**

We are committed to following state and federal guidelines related to health and safety measures, which are outlined below. Despite our best efforts, it is possible that by attending in-person services you may be exposed to Coronavirus (or other communicable illnesses). To obtain services in-person, you agree to take certain precautions to help reduce the spread of communicable illnesses. Your failure or refusal to adhere to these precautions may result in our starting or returning to teletherapy or referral to an off-campus mental health provider.

- Clients and staff will be required to monitor symptoms corresponding to the Coronavirus and will be expected to refrain from visiting our offices when symptoms are present.
- You will honestly report any symptoms present on our “COVID-19 Health Screening” online form that will be sent to your email the morning of your scheduled appointment.
- You will only keep your in-person appointment if you complete and pass your “COVID-19 Health Screening.” If you do not pass your health screening, you agree to call or email the SCC to either reschedule, cancel, or arrange for a teletherapy appointment.
- You will wait in your car or outside our office until no earlier than 5 minutes before your therapy sessions and 15-20 minutes before your initial consultation appointment.
- You will use hand sanitizer (provided) or wash your hands upon arrival to our offices.
- You will adhere to social distancing precautions: no more than 3 people in any therapy room, maintain 6 feet of distance from others at all times, do not move chairs, sit only in designated areas, and avoid physical contact with others in the office.
CONFIDENTIALITY AND TELETHERAPY

- Clients and clinicians will be required to wear face coverings or masks while in our offices. If you do not have a face covering, one will be provided to you. If you need accommodations surrounding this expectation consult with a SCC staff member.
- While in our offices, you will try not to touch your face or eyes with your hands. If you do, please use a face tissue and then immediately wash or sanitize your hands.
- If you have tested positive for the coronavirus, you will immediately notify the SCC so that we can take appropriate precautions. While you are recovering from illness and/or quarantining you can proceed with counseling via teletherapy.
- If any member of our staff tests positive for Coronavirus and we believe that you may have been exposed, we will notify you.
- Signing here indicates that you agree to all the terms and conditions outlined in the ‘Risks and Protocols to Minimize Communicable Illness Transmission’ section that addresses in-person clinical services during the Coronavirus pandemic: ____________________________

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 licensed clinicians include psychologists, a licensed clinical social worker, and a licensed professional counselor. Our pre-licensed staff include advanced graduate students in psychology who adhere to the same ethical and legal standards as licensed clinicians and are supervised by licensed clinicians at our center.

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 your legal status will never be included in your records. Confidentiality of services at the SCC 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, mentally ill or developmentally disabled adults, 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) 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 (Titanium Scheduler) and videoconferencing (Protected Data Zoom).
• When our staff are unable to be in our clinic offices, we will select a private space and take other precautions to limit anyone overhearing the session.

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 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 your home country): _________________________________

My religious or spiritual identity/background: _________________________________

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

I am a caregiver for: _________________________________

I grew up in: _________________________________

I think of home as: _________________________________

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: _________________________________

☐ I am an Undergraduate Student, majoring in: _________________________________

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
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
Undecided

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
Doctor of Science DHS/DMSc
Education – MA & Med
Education & Leadership – PhD
Healthcare Administration – MHA
Healthcare Management - MBA
Optometry – OD
Pharmacy – MS & PharmD
Physical Therapy – DPT
Physician Assistant Studies (MS)
Social Work – MSW
Speech Language Pathology – MS
Teaching – MAT
Vision Science – MS & PhD
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
☐ Dean of Students/Student Support Office
☐ Residence Life Staff
☐ 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
<table>
<thead>
<tr>
<th>Medication, Herb, or Supplement</th>
<th>Dosage/Frequency</th>
<th>Purpose (e.g. sleep, depression...)</th>
<th>Prescribed By</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>I have (or suspect I have) a disability: Yes ☐ No ☐ Please describe: ____________________________</td>
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<tr>
<td>I am registered with Pacific University Office of Accessibility and Accommodation Services: Yes ☐ No ☐</td>
<td></td>
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<tr>
<td>I have had previous counseling or psychotherapy: Yes ☐ No ☐</td>
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<tr>
<td>Where? ___________________________ With Whom? __________________________</td>
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<tr>
<td>I am currently receiving counseling or psychotherapy somewhere other than here (SCC)? Yes ☐ No ☐</td>
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<tr>
<td>Where? ___________________________ With whom? __________________________</td>
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<tr>
<td>My family has a history of: (check all that apply)</td>
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<tr>
<td>☐ Mental health condition(s)</td>
<td></td>
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<tr>
<td>☐ Suicidality</td>
<td></td>
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<tr>
<td>☐ Alcoholism/other drug use or abuse</td>
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<tr>
<td>☐ Interpersonal violence</td>
<td></td>
<td></td>
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<tr>
<td>☐ Experiences of oppression</td>
<td></td>
<td></td>
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<tr>
<td>☐ Traumatic experiences</td>
<td></td>
<td></td>
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<tr>
<td>☐ Serious or chronic medical condition</td>
<td></td>
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<tr>
<td>☐ Other __________________________</td>
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<tr>
<td>I have experienced oppression regarding: (Check all that apply)</td>
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<tr>
<td>☐ Ethnic identity</td>
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<tr>
<td>☐ Racial identity</td>
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<tr>
<td>☐ National origin/immigration</td>
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<tr>
<td>☐ Sexual identity</td>
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<tr>
<td>☐ Gender identity</td>
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<td></td>
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<tr>
<td>☐ Disability</td>
<td></td>
<td></td>
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<tr>
<td>☐ Socioeconomic status</td>
<td></td>
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<tr>
<td>☐ Religious/spiritual identity</td>
<td></td>
<td></td>
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<tr>
<td>☐ Body size/shape</td>
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<tr>
<td>☐ Other (specify) ____________________</td>
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<tr>
<td>I have experienced a recent loss:</td>
<td></td>
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<tr>
<td>☐ Death</td>
<td></td>
<td></td>
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<tr>
<td>☐ Relationship ending</td>
<td></td>
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<tr>
<td>☐ Communal loss</td>
<td></td>
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<tr>
<td>☐ Other (specify) ____________________</td>
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<tr>
<td>We recognize the potential impact of trauma on individuals and communities. Check all that apply regarding experiences of trauma:</td>
<td></td>
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<tr>
<td>☐ Unwanted sexual experience</td>
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<tr>
<td>☐ Sexual assault or abuse</td>
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<tr>
<td>☐ Physical assault or abuse</td>
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<tr>
<td>☐ Verbal assault or abuse</td>
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<tr>
<td>☐ Digital or social media harassment</td>
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<tr>
<td>☐ Sexual or gender-based harassment</td>
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<tr>
<td>☐ Stalking</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>☐ Mass trauma</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>☐ Community violence</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>☐ Hate incidents</td>
<td></td>
<td></td>
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<tr>
<td>☐ Natural disasters (i.e., wildfires, floods, hurricanes)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>☐ Migration-related trauma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other ____________________</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Timeframe of Traumatic Experiences:</td>
<td></td>
<td></td>
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<tr>
<td>☐ During the current 2022-23 academic year</td>
<td></td>
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<tr>
<td>☐ In the past</td>
<td></td>
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<tr>
<td>I consume alcohol (check all that apply):</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>☐ Daily or almost daily</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>☐ 1-3 times per week</td>
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<td></td>
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</tr>
</tbody>
</table>
☐ 1-2 times per month
☐ Monthly or less
☐ I do not use alcohol
☐ I’m in recovery

I consume marijuana (check all that apply):
☐ Daily or almost daily
☐ 1-3 times per week
☐ 1-2 times per month
☐ Monthly or less
☐ I do not use marijuana
☐ I’m in recovery

On an average day, I consume _________ caffeinated beverages (including coffee/soda) per day.

I use the following other substances:
_____________________________________

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:

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

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

<table>
<thead>
<tr>
<th></th>
<th>No Interference</th>
<th>Mild Interference</th>
<th>Moderate Interference</th>
<th>Severe Interference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
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<tr>
<td>Social</td>
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<tr>
<td>Work/Practic</td>
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</table>
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.
- 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.
- 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 local hospital emergency room

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
- Sexuality
- 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:

<table>
<thead>
<tr>
<th></th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
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<tbody>
<tr>
<td>9 AM</td>
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<td>10 AM</td>
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<td>11 AM</td>
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</tbody>
</table>

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 at 503-352-1457.