

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

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 speciality 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.

- 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: _____**
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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

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 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	Dual Language	Multimedia
Anthropology	Economics	Music Education and Teaching
Applied Science	Education & Learning	License
Applied Sustainability (Fostering Sustainable Behavior & Communities, Outdoor Leadership & Environmental Stewardship, Sustainable Agriculture & Water Systems)	Engineering	Music Therapy
Applied Theatre	English Literature	Music (Instrumental Performance, Piano Performance, Vocal Performance Teaching)
Art (Design Track, Fine Art Track)	Environmental Science (Biology, Toxicology, Chemistry, Pharmacy)	Outdoor Leadership
Art History	Environmental Studies: Policy, Culture, Society (Economics, Ethics, Politics & Government, Sustainable Design)	Philosophy
Bioinformatics	Exercise Science/Athletic Training	Physics
Biology	Film & Video	Politics & Government
Business Administration (Accounting, Finance, International Business, Management, Marketing)	French	Psychology
Chemistry	German Studies	Public Health
Computer Science	Graphic Design	Self-Designed Interdisciplinary Studies
Creative Writing	Health Science	Social Work
Criminal Justice, Law & Society	History	Sociology
Dance	International Studies	Spanish
Data Science	Japanese	Sports Communication
	Journalism	Sports Leadership & Management
	Kinesiology/Athletic Training	Teaching and English Language Learning
	Literature	Theatre
	Mathematics	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
Occupational Therapy – OTD
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

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
- Sexual identity
- Gender identity
- Disability
- Socioeconomic status
- Religious/spiritual identity
- Body size/shape
- Other (specify) _____
- 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 disasters (i.e., wildfires, floods, hurricanes)
- Migration-related trauma
- Other _____

I have experienced a recent loss:

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

Timeframe of Traumatic Experiences:

- During the current 2022-23 academic year
- In the past

We recognize the potential impact of trauma on individuals and communities. Check all that apply regarding experiences of trauma:

- Unwanted sexual experience

I consume alcohol (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 alcohol
- I'm in recovery

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) _____

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.

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	sadness or depressed mood	0	1	2	3	acting in a violent manner	0	1	2	3	don't like my body
0	1	2	3	intentional self-harm	0	1	2	3	poor concentration	0	1	2	3	absent from classes too often	0	1	2	3	change in my support system	0	1	2	3	indecision about major/career choice
0	1	2	3	appetite	0	1	2	3	trauma	0	1	2	3	questioning my reality	0	1	2	3	difficulty with memory	0	1	2	3	thinking of leaving Pacific
0	1	2	3	worthlessness	0	1	2	3	low energy or fatigue	0	1	2	3	identity exploration	0	1	2	3	thoughts of harming someone	0	1	2	3	financial problems
0	1	2	3	poor concentration	0	1	2	3	headaches	0	1	2	3	concerns regarding eating	0	1	2	3	my use of alcohol or other substances	0	1	2	3	feeling threatened by someone
0	1	2	3	experiencing oppression	0	1	2	3	often worried	0	1	2	3	feeling irritated or angry	0	1	2	3	attention or focus	0	1	2	3	sense of belonging
0	1	2	3	satisfaction with sexual activity	0	1	2	3	acting impulsively	0	1	2	3	change in activity level										
0	1	2	3	often worried	0	1	2	3	stress															
0	1	2	3	feeling unsafe	0	1	2	3	seeing or hearing things others do not															
0	1	2	3	acting impulsively	0	1	2	3	changes in weight															
0	1	2	3	changes in weight	0	1	2	3	thoughts of ending my life															
0	1	2	3	thoughts of ending my life	0	1	2	3	stress															
0	1	2	3	stress	0	1	2	3	seeing or hearing things others do not															
0	1	2	3	seeing or hearing things others do not	0	1	2	3	feeling irritated or angry															
0	1	2	3	feeling irritated or angry	0	1	2	3	change in activity level															
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/Practic um				

Physical				
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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:

	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 at 503-352-1457.

