



## INFORMED CONSENT FOR SERVICES

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

### Overview

Evergreen Valley College (EVC) Student Health & Wellness Services may provide currently enrolled students with mental health therapy/counseling, group therapy, crisis intervention, case/care management services, mental health workshops, mental health outreaches, and support in connecting with community resources.

### Confidentiality

Medical information for students who use mental health services are maintained in an electronic form. Information obtained during a private, group, joint, or family counseling session is confidential. Confidential information will only be disclosed with your written consent or as permitted or required by law. Situations in which your information may be disclosed without your written authorization are for limited treatment, payment, and health care operations purposes; for investigations authorized by law; as required to report abuse, neglect, or domestic violence; to comply with a valid subpoena or court order; or to prevent a serious or imminent threat to the health or safety of a person or the public. Below are some examples of situations in which we may disclose information without your written authorization.

- A court of law orders the Mental Health Clinician to testify or release records.
- You or someone you know are the victim or perpetrator of child abuse.
- You or someone you know are the victim or perpetrator of dependent adult or elder abuse.
- You threaten to harm yourself or someone else or are considered gravely disabled and unable to provide for your basic personal needs.
- You are a minor (under 18 years of age), certain circumstances may require that parents be notified about or consent to participation in mental health therapy and/or counseling.

If you access your own treatment records and/or share your treatment information (not for treatment purposes), that information becomes educational records. If you ask us to share any information to help your education, those records become part of your educational records. Any member of the education community (with legitimate interest) could access your educational records.

### Benefits and Risks

Benefits may include:

- Relief from distressing symptoms.
- Improved emotional health.
- Learning new approaches to problem solving.
- Increased insight and understanding of your thoughts, feelings, and behaviors.

Risk may include:

- Significant personal change has the potential to be stressful, painful, and may include periods of intensified feelings. While there is evidence that therapy benefits most people, **there is no guaranteed outcome.**

## **Telehealth Therapy Services**

Telehealth therapy is the practice of delivering clinical health care services via technology assisted media or other electronic means between a Mental Health Clinician and a client who are located in two different locations. There are risks, benefits, and consequences associated with telehealth therapy, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies. During a telehealth therapy session, there may be technical difficulties resulting in service interruptions. If this occurs, end and restart the session.

## **Open-Door Policy**

Drop-in counseling sessions are based on the availability of the Mental Health Clinician(s). Mental Health Clinicians are not available during breaks between academic terms, district observances, and district holidays. Drop-in services can vary in length from 15-60 minutes based on the type of service and appropriate care intervention (e.g., Hawk Talk, consultation, crisis, case management, etc.) and scheduled appointments are typically 30-50 minutes in length, for a maximum of 10 therapy sessions per academic year (determined based on need and appropriateness). Extended therapy sessions will be determined on a case by case/needs basis.

Appointments are considered canceled if you arrive 15 minutes late. If you are unable to attend two (2) Initial Assessment appointments ("No-Show" or cancellations- with or without rescheduling) within the same academic year, you may be scheduled for a 15-20-minute consultation visit to assess your needs if you return for services. If you miss more than two (2) ongoing session appointments in one academic year, your case may be closed. If you request to switch providers, you may broach this request with your current provider in order to discuss alternative treatment options. If your request has not been discussed with your provider, your request will be reviewed by the Wellness team to determine appropriate options for care. You are welcome to return for services at any time during your academic experience at Evergreen Valley College, unless the Mental Health Clinician has communicated to you that the current services offered are not appropriate due to, but not limited to, a need for a higher level of care, boundary violations, etc.

## **Crisis**

Wellness services are not available after hours, during breaks between academic terms, district observances, and district holidays. Please check hours and operations on our website or call our front desk at 408-274-7900 during summer and winter intercessions as services and hours are limited and are subject to change.

**In the event of an emergency (i.e., serious risk of harm to self or others) or urgent need to speak with someone please:**

- **Call 911**
- **Call Campus Police: 408-270-6468**
- **Call or text 988 for suicide and crisis support**
- **Call Santa Clara County Emergency Psychiatric Services at (408) 885-6100**
- **Go to the nearest emergency medical facility**

## **Student Responsibilities**

Currently enrolled EVC students are eligible for mental health services provided at no charge. However, mental health services **may not** be appropriate for some issues and may require specialized or more intensive therapy and/or counseling. In these cases, you will be referred to county or community-based organizations for assistance.

Through this signature, I verify that I am currently enrolled as a student at Evergreen Valley College and that I have read, understood, and agreed to the terms in the Informed Consent for Services Agreement.

- I understand that I may be referred out if my issues require specialized or more intensive therapy and/or counseling.
- I understand appointments or drop-ins may not be available as needed.
- I understand it is important to discuss any questions or concerns I have during the therapy and/or counseling process with my Mental Health Clinician.
- I understand I am responsible for attending all scheduled appointments and will contact the appropriate office to reschedule or cancel appointments at least 24 hours in advance of my scheduled appointment time.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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