COUNSELING INFORMED CONSENT

Welcome to the Mt. San Jacinto College Student Health Center!
In order to serve you better, we would like to provide you with important information regarding your mental health treatment. You have the right to be informed about counseling treatment options and have the right to consent to or refuse any proposed treatment. If you have questions or concerns, please discuss these with your counselor. You will be asked to review and resubmit this informed consent every academic year.

COUNSELING is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a mental health counselor who has the desire and willingness to help you accomplish your individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your mental health counselor is available to support you throughout the counseling process.

Counseling is based on an underlying principle of deep respect for each student who comes for help. The Student Health Center is committed to this principle and expects students in turn to behave in a respectful manner with all Student Health Center staff. Verbal abuse may trigger termination of services with a referral to the Dean of Students for follow-up. No form of physical violence will be tolerated.

STAFF AND QUALIFICATIONS: The Mt. San Jacinto College (MSJC) Student Health Center mental health staff is composed of licensed marriage and family counselors, social workers, professional counselors, and doctoral or masters’ degree level interns in psychology and social work. Please ask your counselor if you have any questions about her/his professional training and/or license.

CANCELLATION POLICY: A personal commitment is crucial to the success of counseling. Please keep all of your scheduled appointments. If you need to cancel, do so as far in advance as possible. If you “No-Show” for an appointment, and give “No-Notice” do not call within 24 hours to reschedule 3 times in one semester the Student Health Center will suspend your access to services effective immediately. To reinstate services you must schedule a one-on-one meeting with the Associate Dean of Health Services. Students will still be eligible for crisis and referral services.

APPOINTMENTS: Please arrive 10 minutes prior to the appointment. There is a 5 minute grace period for arrival. Anything past the allotted grace period your appointment will be cancelled and marked as a No-Show. During your first visit, you will spend time with a counselor discussing your immediate concerns. This will help both you and your counselor decide how the Student Health Center can best help you. These services may consist of individual counseling, group counseling, and/or psycho-educational classes. In some instances, you may be referred to an off-campus service for longer-term, intensive therapy or some other mental health
expertise not offered through the Student Health Center. If you are referred off campus to health, mental health, or substance abuse professionals you are responsible for their charges.

If it is mutually decided that additional individual sessions at the Student Health Center are needed, you will be assigned to one of the mental health counselors. This counselor may or may not be the same person you saw during your initial appointment. Counseling sessions are scheduled for a maximum of 45 minutes. You have the right to request a change to a different counselor if you so desire. During an early visit with your counselor you will decide the goals of your work. Because of the large number of students requesting counseling, the Student Health Center generally provides short-term therapy. Counselors are not available after hours and do not prescribe any type of medication, psychotropic or otherwise.

**EMERGENCY INFORMATION:** Should an emergency arise, you are in crisis during non-business hours DIAL 9-1-1 from your cell phone (8-9-1-1 from any district phone) or visit your local emergency room.

If you are experiencing emotional distress and would like to speak to someone during non-business hours contact one of the following crisis lines:

- **National Suicide Prevention Lifeline** - (800) 273-TALK (8255) | Spanish line: (888) 628-9454 | TTY: (800) 799-4TTY (4889)
- **HELPLine - 24 Hour Crisis/Suicide Intervention** - (951) 686-HELP (4357)
- **24/7 Mental Health Urgent Care** - (951) 349-4195 (located at 85 Ramona Expressway, Suites 1-3, Perris, CA 92571)
- **Veterans Crisis Line** - (800)-273-8255 Press 1
- **The Trevor Lifeline** - (866) 4-U-TREVOR (866-488-7386)

**SERVICES** provided by the Student Health Center for mental health counseling are offered free of charge to all MSJC students currently registered, assessed and actively enrolled in one or more credits. The mental health counseling services hours of operation vary per location. Our website contains detailed information about our services, as well as a variety of self-help materials and online screening for specific concerns such as eating disorders, depression, and alcohol abuse. Please visit the Student Health Center web address at [www.msjc.edu/HealthCenter](http://www.msjc.edu/HealthCenter) and click on Mental Health Counseling for more information.

**CONFIDENTIALITY AND RECORDS:** The privacy of all communications between a patient and the Student Health Center is protected by law. All interactions with the Student Health Center regarding mental health services, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. You may request that the counseling staff release specific information about your counseling to persons you designate by filing a written authorization with the Student Health Center. If the Associate Dean of Health Services and your counselor believe that review of these records would be
detrimental to your health or well-being, the Student Health Center reserves the right to require that a member of the Student Health Center staff be present while you review the file in order to discuss or help interpret information contained in the file. Except in circumstances described in “Exceptions to Confidentiality”, no one outside of the Student Health Center will be given any information (even the fact that you have had contact with the Student Health Center) without your consent; parents, professors, other students, or college administrators do not have access to information about your Student Health Center visits without your written permission. The Student Health Center uses an electronic record keeping program for client records. If you have any questions about confidentiality or your record please speak with your counselor or with the Associate Dean of Health Services.

EXCEPTIONS TO CONFIDENTIALITY:
The counseling staff works as a team. To provide effective service, and as consultation/supervision is a standard component of professional practice, your counselor may discuss your case with other Student Health Center staff (i.e. supervisors or colleagues).

- If there is evidence of clear and imminent danger of harm to self and/or others, a counselor is legally required to report this information to the authorities responsible for ensuring safety. The Student Health Center reserves the right to determine if you are able to keep yourself safe, if you are a danger to others, or if you are unable to exercise good judgment.

- Where there is a reasonable suspicion of or the counselor strongly suspects, physical or sexual abuse or neglect of any person under 18 years of age a report of this information must be made to county child protection services.

- A court order, issued by a judge, may require the Student Health Center staff to release information contained in records and/or require a counselor to testify in a court hearing.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, if you need specific clarification or advice that the Student Health Center is unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and the MSJC Student Health Center staff and counselors are not attorneys.

ELECTRONIC COMMUNICATIONS: Students should be aware that confidentiality of electronic mail (e-mail) transmission cannot be guaranteed. For this reason, the Student Health Center discourages the sharing of compromising personal or clinical information through this medium. Please should utilize Secure Messaging through the MSJC Student Health Patient Portal located at msjc.medicatconnect.com. Secure messaging is a safe, confidential way for you to communicate with our staff in the Student Health Center. In addition, students should be aware that Student Health Center staff may not always have immediate access to nor monitor their email or messaging communications regularly on a daily basis.
TELEHEALTH SERVICES: Telehealth involves the use of electronic communications to enable MSJC Student Health Centers' mental health professionals to connect with, consult, treat and educate students using interactive audio, video and data communications. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data. I understand that telehealth also involves the communication of my medical/mental information, both orally and visually, to health care providers located within the MSJC Student Health Centers.

Because of recent advances in communication technology, the field of tele-therapy has evolved. It has allowed individuals who may not have local access to a mental health professional to use electronic means to receive services. Because it is relatively new, there is not a lot of research indicating that it is an effective means of receiving therapy. An important part of therapy is sitting face to face with an individual, where non-verbal communication (body signals) are readily available to both therapist and client. Without this information, tele-therapy may be slower to progress or less effective. It is important that you are aware that tele-therapy may or may not be as effective as in-person therapy and therefore we must pay close attention to your progress and periodically evaluate the effectiveness of this form of therapy.

With tele-therapy, there is the question of where is the therapy occurring – at the therapist’s office or the location of the client? The student will receive services from a provider who is considered an extension of the MSJC Student Health Center; therefore, these providers can communicate treatment plans and coordinate appointments without a release of information signed as outlined in the Confidentiality and Records section of this consent form.

I understand that I have the following rights with respect to telehealth:

- I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

- The laws that protect the confidentiality of my medical information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

- I also understand that the distribution of any personally identifiable images or information from the telehealth/medicine interaction to researchers or other entities shall not occur without my written consent.

- I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my counselor, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
• In addition, I understand that telehealth based services and care may not be as complete as face-to-face services. I also understand that if my counselor believes I would be better served by another form of psychotherapeutic services (e.g. face-to-face services) I will be referred to a provider who can provide such services in my area.

• I understand that I may benefit from telehealth, but that results cannot be guaranteed or assured.

>In the event that one-on-one therapy is not available or in the event of a crisis MSJC reserves the right to use Telehealth as a alternative to in-person counseling in accordance with California State Legislation and Board of Behavioral Sciences (BBS) requirements.

**MSJC STUDENT HEALTH CENTER LOCATIONS:**

**San Jacinto Campus**
1499 N. State Street, Modular 1540, San Jacinto, CA 92583
(951) 487-3206

**Menifee Valley Campus**
28237 La Piedra Road, Room 723, Menifee, CA 92584
(951) 639-5206

**Temecula Valley Campus**
41888 Motor Car Parkway, Temecula, CA 92591
Anticipated opening, Fall 2020

The MSJC Student Health Center is interested in your feedback. If you consent to treatment we will ask you in the course of the year to provide us with feedback through an evaluation form. All comments will be anonymous.

**COMPLAINTS: NOTICE TO CLIENTS** The Student Health Center of the Mt. San Jacinto Community College District receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered counselor providing services on behalf of the Student Health Center. To file a complaint, please contact the Associate Dean of Health Services, Lisa McAllister at lmcallister@msjc.edu.

**CONSENT:** I understand that Mt. San Jacinto Community College Student Health Centers offer a wide range of services including personal counseling (in-person and telehealth). I understand that these personal counseling services are provided by counselors who are mental health professionals. My counselor may utilize clinical hypnosis to assist me upon my consent. If it is decided that the MSJC Student Health Center is not the appropriate agency to meet my need, I understand that I will be given referrals to resources more appropriate to my needs and goals. I am further aware that it is my responsibility to notify the Student Health Center if I am unable to be present for an appointment. Failure to do so may result in loss of services for the semester. I have read and will discuss the above information with my counselor. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and what is expected of me as a client of the Student Health Center.
I acknowledge I will be offered a copy of my informed consent that explains how my Protected Health Information (PHI) will be used or disclosed by the Student Health Center and my rights as a patient.

I understand that the Student Health Center is not a 24 hour care facility and have the resources to contact in the event of an emergency outside of business hours. I, the undersigned patient authorize treatment by the Student Health Center and I have read, understand, and agree to all of the above.

I understand the limits to confidentiality stated above, and accept them as part of the conditions of participating in counseling. YES  NO

Your typed name has the same force and effect as your written signature. Your electronic signature indicates that you have read and understand the information in this document, that you have been provided a copy (via the Medicat Student Portal), and that you understand you will have an opportunity to ask questions about your counselor and the counseling services provided during your counseling session. Your counselor’s electronic signature indicates his/her commitment to the conditions stated in this form (the counselor’s signature will be added electronically when the form is received, reviewed and added to your record).

Student/Counselee Signature: ____________________________

Today's Date: ________________