Clark College Counseling and Health Center   
Professional Disclosure /Informed Consent

## Initial Screening Disclosure

**COST/SESSION LIMITS**Counseling at Clark College is FREE to currently enrolled students, as costs are covered by tuition and fees. We practice student care using a short-term treatment model.  You will work with your counselor to create a collaborative treatment plan, which includes connection to resources on and off campus.  On average, students find that their situations usually improve within around five sessions; however, you and your counselor will develop a plan for your individual need.

***If you need to reschedule or cancel your appointment, PLEASE give at least 24 hours advance notice so that another student can have your appointment time.***

**EMERGENCIES**Clark College does **NOT** maintain emergency services after hours. If you find yourself having a mental health emergency, please use the following 24/7 resources:

* **Clark County Crisis Line: (360) 696-9560**
* **National Crisis Line: 1-800-626-8137**
* **Call 9-1-1 OR go to the nearest Emergency Room**

**CONFIDENTIALITY**Counseling sessions and records are confidential, meaning that our work together will not be disclosed without your expressly written permission. Consultation with Clark College Counseling and Health Center providers and staff may occur to facilitate your care.

According to Washington State Law, this confidentiality may be broken in the following situations:

1. You pose an *imminent* danger to yourself or others;
2. If you have a medical emergency during one of our sessions;
3. Legal situations in which your records are subpoenaed.
4. You report knowledge of ongoing abuse of a child, an elderly person, or disabled adult;
   1. *Please note that sexual intercourse involving a minor under the age of 18 with an adult over the age of 18 may be considered reportable abuse of a child. Full legal information on age of consent in Washington state may be found here:* [*https://apps.leg.wa.gov/rcw/default.aspx?cite=9A.44.093*](https://apps.leg.wa.gov/rcw/default.aspx?cite=9A.44.093)

**COMMUNICATION**

Please be advised that email is NOT a secure form of communication. Counselors are required to retain any emails regarding your healthcare as part of your record with the Counseling and Health Center. You are advised to not discuss sensitive information with your counselor over email. Scheduling appointments via telephone or in-person are the safest options for protecting your privacy. If you choose to give permission to the Counseling and Health Center to email you for the purposes of scheduling appointments and/or resource sharing, please initial below and provide your preferred email address.

(Initial here) \_\_\_\_\_\_\_\_\_\_   *I give permission for the Counseling and Health Center to email me regarding scheduling of appointments (including appointment reminders)*

(Initial here) \_\_\_\_\_\_\_\_\_\_   *I give permission for the Counseling and Health Center to email me regarding campus and community resources*

Preferred email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Initial here) \_\_\_\_\_\_\_ *I do NOT give the Counseling and Health Center permission to email me for any reason (this includes appointment reminders)*

**CONSENT FOR COUNSELING***I have read and understand the counseling services description, limits of service, and confidentiality constraints as described on these pages and freely give my consent to counseling with a licensed counselor at Clark College.*

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you would like a copy of this form, please tell your counselor or the front desk staff.**