**Clark College Counseling and Health Center**

**Informed Consent**

**COST & VISIT LIMITS**

Counseling and medical visits at Clark College are FREE to currently enrolled students.  These costs are covered through student tuition/fees. If you are seeking medical care that involves diagnostic tests and/or medications, please consult our [price list](https://www.clark.edu/campus-life/student-support/counseling/health_services/). If you have questions about any care you receive at CHC, you and your practitioner can discuss them during your visit. We practice student care using a short-term treatment model.  You will work with your provider to create an individual treatment plan, which may include connection to resources on and off campus.  On average, students find that their situations usually improve in about five counseling sessions or 1-2 medical provider visits.

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.

**CODE OF ETHICS**

Our staff healthcare providers and counseling interns follow WA and OR state law and the professional ethics of their licensing boards. For more information, please look at our [provider bio page.](https://www.clark.edu/campus-life/student-support/counseling/counselors.php)

American Association for Marriage and Family Therapy <https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx>

American Psychological Association

<https://www.apa.org/ethics/code>

American Counseling Association

<https://www.counseling.org/knowledge-center/ethics>

American Association of Naturopathic Physicians

<https://naturopathic.org/page/PositionPapers>

**EMERGENCIES**

Clark College does NOT have emergency services during non-office [hours](https://www.clark.edu/campus-life/student-support/counseling/). If you are having a physical/medical emergency, please dial 9-1-1 or go to the emergency room of your nearest hospital.    
   
If you are having a mental health emergency, please use the following rapid-access resources: 

* National Crisis Line:  9-8-8 TTY: 1-800-273-8255
* Translifeline: (877) 565-8860
* BlackLine:  (800) 604-5841
* Call 9-1-1 OR go to the nearest Emergency Room

**CONFIDENTIALITY AND CLIENT RIGHTS**

You have the right to ask questions about your treatment, request changes, or end your treatment at any time.  Mental health and medical visits and records are confidential.  This means that unless you give express permission, your provider cannot share information about you or your visits with anyone outside of the Counseling and Health Center team and their clinical supervisors. According to law, this confidentiality may be only broken in the following (rare) situations:

1. You pose an immediate and serious danger to yourself or others.

2. You have a medical emergency during a session.

3. You report abuse of a vulnerable person (a child, an elderly person, or a disabled adult).

4. Certain legal situations.

You have the legal right to file complaints with the board of health that governs the state you received care in (WA or OR):    
   
   
You are entitled to the contact information for the regulatory agencies that oversee licensure:

**Washington State Health Quality Assurance Program**

PO Box 47877 Olympia, WA 98504

Phone: (360) 236-4700

Website: https://wmc.wa.gov/

**Oregon Board of Licensed Professional Counselors and Therapists**

3218 Pringle Rd SE, #120, Salem, OR 97302-6312

Telephone: (503) 378-5499

Email: lpct.board@oregon.gov

Website: [www.oregon.gov/OBLPCT](http://www.oregon.gov/OBLPCT)

**Oregon Board of Naturopathic Medicine**

800 NE Oregon Street, Suite 407

Portland, OR 97232-2187

For students accessing care from the state of Oregon, your additional client rights under Oregon State Law include:

1. To expect that a licensee has met the qualifications of training and experience required by state law.

2. To examine public records maintained by the clinician’s licensing Board and to have the Board confirm credentials of a licensee.

3. To get a copy of the Code of Ethics (Oregon Administrative Rules 833-100).

4. To report complaints to the Board (see contact below).

5. To be informed of the cost of professional services before receiving the services.

6. To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

If you are unhappy with care you receive from any provider at CHC, please let them know.  If they aren’t able to help, please talk with our CHC Program Coordinator: [MLuther@clark.edu](mailto:MLuther@clark.edu)

**SERVICES**

The Counseling and Health Center (CHC) provides both in-person and virtual health sessions.

For telehealth sessions, you must be physically located in either Washington or Oregon state at the time of your appointment. Please be prepared for your session by having your device ready to log on to Zoom, ensuring your provider will be able to clearly see and hear you, and being somewhere where you can speak safely and privately. Many students receive services from their vehicles; please make sure you are not driving at any point during your appointments.

You have the same legal protections to confidentiality, rights and responsibilities as a client, whether receiving services in-person or through tele-mental health.

We currently use a HIPAA compliant platform called Zoom for Healthcare. However, complete security of tele-mental health cannot be guaranteed. If you get disconnected from a telehealth session, please try to log back into the Zoom room.  If your practitioner does not hear from you within ten minutes, you agree (unless you request otherwise) that they can call you on the phone number you listed on the client information form. If your practitioner cannot reach you, they will send you a follow-up email to the address you have indicated in your file.

Please note: E-mail/text communications are not confidential forms of communication. Such exchanges will be stored electronically as treatment records for anything beyond scheduling communication. If you choose to contact your provider by email, do not include private information, and do not expect a prompt response. If you need to reach your clinician between sessions, you may call/text or email the front desk during business hours (360) 992-2614 or CHC@clark.edu

**EMERGENCY PROTOCOL**

In case of a medical emergency, your provider may contact emergency services to ensure your safety. If you experience this kind of emergency during an in person or virtual appointment, your provider will direct help to you. For virtual appointments, this means you are agreeing to the following:

• Informing your provider of the exact location in which you will consistently be during appointments, and inform them if this location changes.

**MENTAL HEALTH CRISIS PROTOCOL**

• You agree to provide contact information for at least one person who CHC staff may contact if we believe you are in a crisis that involves risk of harm to yourself or others:

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to You: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you cannot provide an emergency contact, you acknowledge giving your practitioner permission to contact 9-1-1 in a medical or mental health emergency.

**CONSENT FOR MENTAL HEALTH COUNSELING**

I have read and understand the Counseling and Health Services description, limits of service, and confidentiality limits as described on these pages and freely give my consent to receive healthcare services from a member of the Counseling and Health Center team.

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