



COCC STUDENT PERSONAL COUNSELING INTAKE
PROVIDED BY: ST. CHARLES BEHAVIORAL HEALTH



STUDENT NAME _____ DATE _____
MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE (HOME) _____ (CELL) _____ OK TO LEAVE A MESSAGE? Y N
BIRTHDATE _____ STUDENT ID # _____

Student Rights and Responsibilities: You have the right to:

- Impartial access to treatment
Considerate, respectful care
Know the identity and professional status of your Counselor
Informed participation in decisions involving your care
Know reason for any transfer or referral of care
Obtain access to your record including information about diagnosis, treatment and prognosis
Personal and information privacy

Appointments, Cancellations and "no shows": In general, the counseling offered in the COCC CAP Center is short term. On average, students meet with a counselor 3-5 times. In some situations, more counseling is needed, but this will be determined on a case-by-case basis. We reserve the right to discontinue counseling with a student due to not showing for repeated appointments. Cancellation for scheduled appointments should be made at least 24 hours in advance by calling the CAP Center at (541) 383-7200.

Legal Proceedings/Court Involvement: It is not our policy to testify at any judicial procedures on behalf of clients who are engaged in adversarial issues. This includes legal proceedings involving marital, custody and /or visitation.

Rights to Privacy: The work we do here is confidential. Occasionally information from other persons or professionals is useful in the treatment work. If that is acceptable, I will ask for your permission in writing and ask you to complete a "Release of Information" form. Similarly, I will not seek or receive information from others who know you without first receiving your permission. If there is specific information you believe would be helpful for me to know about, particularly previous mental health treatment, please bring this to my attention as soon as possible.

Exceptions to Privacy: It is very important for you to know that some things, by law, cannot be kept private. Here are the exceptions to your right to privacy:

- Although it is not our policy to testify at any judicial procedures, if I am subpoenaed to testify in court, I may have to give information about you without your permission. If this occurs, I will make an effort to contact you. If you oppose release of information, a court may nevertheless require compliance with the subpoena.
- I am a Licensed Clinical Social Worker. If I suspect a child or an elderly or disabled person is being abused, I am legally required to report this to the authorities. LCSW's are mandated reporters under Oregon Law.
- If I learn of a client's specific intent to bring harm to himself, herself, or to another person, or to commit an act of violence, it is my responsibility to protect you and others. Under these circumstances, I reserve the right to inform other family members, intended victims, or authorities as appropriate.

X

Student Signature

Date

(By signing this form, I acknowledge that I have read and agree to the information contained herein)