

## **INFORMED CONSENT FOR MEDICAL AND MENTAL HEALTH SERVICES**

Welcome to Student Health Services at San Bernardino Valley College. This form provides information about the medical and mental health services available to students through San Bernardino Valley College Student Health Services (SBVC-SHS). You may consent to one or both types of services. Each section includes important details, including confidentiality policies and service limitations. This is a legal document; please read it carefully and sign each section you wish to participate in. If you have any questions or would like a copy of this form, please speak with your provider.

### **SECTION A: CONSENT FOR MENTAL HEALTH COUNSELING SERVICES**

#### **Mental Health Counseling Services**

SBVC Student Health Services provides short-term, goal-focused counseling for currently enrolled students. Services include triage, intake assessments, individual therapy (up to 8 sessions per semester), group counseling, crisis support, CliftonStrengths coaching, workshops, psychoeducation, and referrals to community resources when needed.

We use a brief therapy model that emphasizes present concerns, clear goals, and active collaboration. If a student's needs exceed the scope of our services, such as requiring long-term or specialized care, we will offer appropriate referrals.

All students begin with an intake interview to explore current concerns and counseling goals. Based on this assessment, a provider will determine appropriate next steps. Assignment to a specific clinician is based on clinical appropriateness and availability, and ongoing therapy is not guaranteed following intake.

#### **Telehealth Counseling Services**

Mental health counseling may be offered via secure telehealth platforms when appropriate. Telehealth allows you to receive services through video or phone sessions when in-person care is not feasible or preferred.

Telehealth sessions are conducted using HIPAA-compliant technology. Risks may include interruptions, unauthorized access, or technical difficulties, though reasonable efforts are made to maintain confidentiality and security.

You have the right to decline or discontinue telehealth services at any time without affecting your access to in-person counseling, if available. Telehealth may not be appropriate for all clinical concerns, and your provider will help determine if it is a good fit for your needs.

## Eligibility and Fees

Eligibility for services is based on enrollment status at San Bernardino Valley College. Students currently enrolled in classes are eligible for services and their student health fee covers most services provided by Student Health Services. We are unable to provide long-term or indefinite treatment, and we reserve the right to close a student's chart if there has been no contact within a two-week period. Students are encouraged to stay in contact with their providers and to follow through with treatment recommendations.

If a student chooses to receive services elsewhere, we encourage communication so we can support continuity of care. Students may return to counseling services at any point in the future, provided they remain eligible.

## Missed Appointments and Attendance Policy

Maintaining consistent attendance is vital to the counseling process. The following policies are in place to ensure students have access to services and that appointments are used effectively:

- If a student fails to attend a scheduled appointment without prior notice, the missed session will count toward their 8-session limit.
- Students are asked to provide at least 24 hours' notice when canceling or rescheduling appointments. Repeated late cancellations may impact future scheduling.
- After two (2) no-show appointments within a semester, counseling services will be discontinued for the remainder of that semester. Students may resume services the following semester if they remain enrolled. Students may still access crisis counseling but will not be eligible for ongoing therapy during that semester. Referrals to community resources will be offered as appropriate.
- Students whose services are suspended due to missed appointments may still access crisis counseling but will not be eligible for ongoing therapy during that semester.

### Late Arrivals:

- Students arriving late **will** have reduced session time.
- Arriving more than 15 minutes late **will** be considered a no-show.
- Two (2) late arrivals of more than 15 minutes **will** result in a review of the student's eligibility for services.

### Exceptions:

- Extenuating circumstances, such as medical emergencies or other significant events, will be considered on a case-by-case basis.
- If ongoing scheduling conflicts occur, students are encouraged to work with their provider or clinic staff to find a workable solution.

## Nature of Counseling

Counseling may involve discussing difficult or distressing emotions, experiences, or relationships. This process can be challenging, but it often leads to increased insight, healthier coping, and personal growth. Counseling may improve your ability to manage stress, build stronger relationships, and clarify your values and goals. However, progress is not always linear, and not every individual finds counseling beneficial.

If at any time you have questions about the counseling process, please speak with your therapist.

## Confidentiality

Information shared in counseling is protected by law and professional ethics. Your provider will not share your information outside of Student Health Services without your written permission, except in situations where disclosure is legally required. These include:

- Serious risk of harm to yourself or others
- Suspected abuse or neglect of a child, dependent adult, or elder
- Disclosure or suspicion of sexual exploitation of a minor (including unlawful sexual images)
- Court orders or other legal requirements
- If mental health is raised as an issue in legal proceedings
- Reports of alleged sexual misconduct by a licensed provider (per California law)

In emergency situations where safety is at risk, limited information may be shared—such as with your emergency contact or law enforcement—to ensure continuity of care and protection of life. These situations are handled with discretion and limited to what is necessary.

Your records are stored in a secure electronic health system that is accessible only to authorized Student Health Services staff. These records are not part of your academic file.

## Team-Based Care and Multidisciplinary Services

By receiving services through SBVC Student Health Services, you are consenting to care that may be provided by a team of professionals. This team may include licensed mental health therapists, pre-licensed associate or trainee clinicians under supervision, medical providers, nurses, health educators, and other authorized Student Health Services staff.

Your health information may be shared **within Student Health Services** on a need-to-know basis to support effective, coordinated, and ethical care. All staff are required to maintain confidentiality in accordance with state law and professional ethics.

## Supervised Clinical Staff

Some services are provided by clinicians who are in training and working toward licensure. These include associate clinical social workers (ASWs), associate marriage and family therapists

(AMFTs), associate professional clinical counselors (APCCs), and graduate-level trainees. All clinical work provided by pre-licensed staff is supervised by licensed mental health professionals. You will be informed if your assigned clinician is pre-licensed and who their clinical supervisor is. You may request to work with a licensed provider at any time, based on availability.

## Medical Withdrawals, Dropping Classes, and Documentation Requests

SBVC's Student Health Services does **not** provide documentation for medical withdrawals, class drops, disability evaluations, fitness-for-duty determinations, or letters for financial aid appeals. Counselors can only verify treatment under specific circumstances when a student has been actively receiving services. Requests for documentation from students who have not received treatment at our clinic will not be accommodated.

While we may not be able to fulfill documentation requests, our staff is available to offer emotional support and counseling during challenging times.

## Limitations Related to Legal Matters

SBVC Student Health Services does not provide evaluations, recommendations, or letters for use in legal proceedings. This includes but is not limited to: child custody disputes, court-ordered treatment, disability or fitness-for-duty evaluations, or criminal or civil cases.

Clinicians do not appear in court and do not provide expert testimony. If you are involved in or anticipate being involved in a legal matter and require documentation or support for court, we recommend you seek services from a provider in the community who offers forensic mental health services.

## Records

All counseling records are maintained in a secure electronic medical record system that is accessible **only within Student Health Services**. These records include intake forms, progress notes, correspondence, and documentation of services provided. Records are protected by security protocols and are not shared with academic departments, faculty, or other offices on campus.

## Communication

We may contact you by phone, text, voicemail, email, or through the student health portal to confirm appointments, follow up on care, or provide relevant information. Please be aware that email is **not a confidential form of communication**, and we do not use it for therapeutic discussions. If you have preferences or concerns about how we communicate with you, please speak with your provider.

Your email may also be used to send client satisfaction surveys to help us improve our services.

## Client Rights

As a client, you have the right to:

- Be treated with respect, dignity, and sensitivity to your personal identity, culture, and values
- Request and review information about your provider's qualifications
- Ask questions and be informed about the counseling process, goals, and techniques
- Be actively involved in setting counseling goals and evaluating progress
- Refuse or end counseling at any time (though we encourage you to discuss this with your provider)

## Client Responsibilities

As a client, you are expected to:

- Arrive on time for your scheduled appointments
- Notify the clinic if you need to cancel or reschedule (ideally with as much notice as possible)
- Participate actively in counseling by sharing honestly, asking questions, and engaging in the process

## Emergency and Crisis Resources

If you are experiencing an emergency, call 911 or go to the nearest emergency room.

During clinic hours, SBVC offers same-day crisis support. After hours, the following resources are available:

- **TimelyCare:** SBVC students have free, 24/7 access to virtual mental health support at [timelycare.com/sbvc](https://www.timelycare.com/sbvc)
- **Crisis Text Line:** Text "Courage" to 741-741
- **988 Suicide & Crisis Lifeline:** Dial 988 (available 24/7)

## SECTION B: CONSENT FOR MEDICAL SERVICES

### Overview

San Bernardino Valley College Student Health Services (SBVC-SHS) provides short-term, outpatient medical care to support student health and academic success. Services may include:

- Evaluation and treatment of minor illnesses and injuries
- Health screenings and vital signs checks
- Tuberculosis (TB) testing and immunizations
- Contraceptive counseling and sexual health services
- Health education, wellness promotion, and brief mental health support
- Referrals to community providers when specialized or ongoing care is needed

SBVC-SHS is not a primary care clinic and does not offer emergency services.

### Eligibility and Scope

- Services are available to currently enrolled students.
- Not all services are covered by the student health fee.
- Some services or referrals may require outside payment by the student.

### Team-Based Care

Care may be provided by licensed medical professionals, registered nurses, and health educators. You may be referred to community providers for services beyond the scope of the clinic.

### Confidentiality

All health information is confidential and documented in a secure electronic medical record accessible only to authorized SBVC-SHS personnel. Your information will not be shared without your written consent, except when legally required (e.g., safety concerns, mandated reporting, court orders).

### Risks, Limitations, and Alternatives

I understand:

- Services are designed to address minor and short-term health needs.
- SBVC-SHS does not provide emergency care or long-term medical management.
- Staff may refer me to community providers for care outside of the clinic's scope.
- I have the right to decline services or ask questions before agreeing to any treatment.

- SBVC-SHS does not provide documentation for class withdrawals, disability evaluations, or legal matters.

### **Financial Responsibility**

I understand that most services provided through SBVC Student Health Services are free of charge due to the student health fee. However, I am responsible for the cost of any care, services, or medications received outside the clinic.

### **Voluntary Consent and Revocation**

I understand that signing this form is voluntary and does not affect my enrollment at SBVC. I may revoke this consent in writing at any time, except where care has already been provided.

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This page will be kept on file by Student Health Services. The preceding pages are for your records.

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In the event of a mental health emergency, your listed emergency contact may be notified. Please complete the following:

**Emergency Contact**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

I acknowledge that I have read, understand, and agree to abide by the information outlined above regarding my eligibility and use of SBVC-SHS. I hereby give my consent to authorize SBVC-SHS to evaluate, treat, and/or refer me to others as needed.

**Consent Preferences (Check One in Each Category):**

**Mental Health Counseling Services:**

- I consent to receive Mental Health Counseling Services
- I do **not** consent to receive Mental Health Counseling Services

**Medical Services:**

- I consent to receive Medical Services
- I do **not** consent to receive Medical Services

**Telehealth Services:**

- I consent to receive Telehealth Services
- I do **not** consent to receive Telehealth Services

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

Student Name (Please Print): \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID Number: \_\_\_\_\_