

Referral Form

Referral To: Counselor Intern Either	Date:
Student Name: (Must be current student)	L#
	Age:
Address:	Major:
Phone(s):	OK to leave a
	message? ☐ Yes ☐ No
Email Address:	OK to leave a
	message? ☐ Yes ☐ No
Days/Hours of Availability:	Does student have
	Health insurance that covers mental
Prior Counseling experience?	health?
If so, when?	☐ Yes ☐ No
Presenting Problem(s): Note – To benefit recipient be as detail	ed as possible
Goals of Counseling:	
Suicide Risk? Yes No If "Yes," pleas	se discuss in detail.
Referring Counselor/Advisor:	Extension:
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INFORMED CONSENT FOR COUNSELING SERVICES AT LANE COMMUNITY COLLEGE

Please read this Informed Consent Statement before meeting with your counselor. When you meet with your counselor, you can discuss any questions or concerns you have before signing the document. If you would like a copy, please request one from your counselor.

Eligibility and Service Limits

The LCC Counseling Department provides short-term counseling to Lane students. The service you receive is based upon a determination of your needs and goals, as well as the Counseling Department's available resources and its ability to meet your needs or goals. If the Counseling Department is unable to help you in meeting your needs or goals, referral resources will be identified for you.

Availability and Emergencies

Counselors are available during most office hours on the main LCC campus. Please call 463-3200 for hours of availability. There are holidays and special all-college in-service days in which the entire college is closed. For after-hour emergencies, please contact one of the following agencies: White Bird Clinic, 541-687-4000; Sacred Heart Emergency Room, 541-686-6931

Canceling or Missing Appointments

If you are unable to keep a counseling appointment, call your counselor at least 24 hours in advance or AS SOON AS POSSIBLE. Two missed appointments may result in the loss of your regularly scheduled meeting time.

Services provided by Interns

Some services of the Counseling Department are provided by Counseling or Clinical Psychology interns. All interns are under the direct supervision of a Counseling Department counselor. The intern's direct supervisor will be identified for you. If you choose not to work with an intern, there may be a longer wait for another available counselor. Interns are required to audio tape their sessions. These tapes are used in intern supervision for the purpose of enhancing skills. The tapes are destroyed at the end of the academic year. By agreeing to work with an intern, you are agreeing to being recorded under the above cited conditions.

Confidentiality

Counseling Department counselors adhere to Federal and State laws and ethical standards; all client information is held in confidence unless your written permission is given. To provide effective service, your counselor may consult with other Counseling Department staff and/or with the medical staff at the LCC Student Health Center. Federal and State laws require health and counseling professionals to report certain situations. These include but are not limited to a reasonable suspicion of past or current child abuse or abuse of a vulnerable adult, dangerousness to self or others, by order of the court for any reason, or when mental illness is used as a defense in a criminal or civil matter. A confidential counseling record is maintained with access restricted to your counselor and other Counseling Department staff. These records may be released only with your written approval or when mandated by the court.

Benefits and Risks

There are benefits and risks that may occur in counseling. The benefits from counseling may include: 1) improved ability to handle academics, 2) enhanced personal development, 3) clarified career goals or plans. Research has also identified some risks of counseling. Things may feel worse before they get better. For example, students who work on especially troubling issues may find it difficult to concentrate on their studies immediately after a

session. Counseling may also involve the risk of remembering unpleasant events that could
arouse strong feelings. You and your counselor will work together to determine the pace and
form of treatment so as to minimize the risks and maximize the benefits of counseling.

I have read the above statement regarding the conditions of counseling. I accept		
these conditions and give my consent to be counseled using the services of the Lane		
Community College Counseling Department. If I have additional concerns, I will		
discuss these with my counselor prior to beginning the counseling process.		

Printed Name	L Number
Signature	Date