



LBCC Student Mental Health Services For Appointments: Call 562-938-3987

Informed Consent for Mental Health Services

WHO WE ARE

Welcome to Mental Health Services (MHS)! Our program is designed to serve LBCC students who are experiencing stress or other emotional difficulties. Frequently, these difficulties can affect a student's academic performance or ability to function effectively in social, academic, or work settings. As a currently enrolled student, you have paid a student health fee that provides you up to six free individual therapy sessions during a regular semester, *based on clinical need and availability*. Peak times are generally around mid to end of the semester. Each therapy session is approximately 50 minutes.

MHS provides individual therapy services to assist students with issues such as: Stress, anxiety, panic attacks, depression, grief and loss, identity struggles, relationship difficulties, substance abuse, and eating disorders. At MHS, students have a safe place to address their concerns. They learn to feel better in general and improve their self-esteem. Many find they are able to function more effectively in relationships and to perform more successfully in their classes.

The clinician assigned to work with you will be a licensed mental health provider or a MHS Intern attending an accredited Masters or Doctoral program in social work and/or psychology. All MHS Interns work under a licensed mental health professional.

THE MHS PROCESS (Fall/Spring semesters)

Phone Intake. The first step in accessing MHS services is to call 562-938-3987 to make an appointment for a short intake. This intake is conducted by a clinician and lasts about 15-30 minutes. In this confidential intake, you will provide the clinician with information that will help us determine how MHS can best serve you. Within 2 business days, you will receive a phone call notifying you of your first appointment with the clinician who has been assigned to assist you.

Session 1. In this session, you will meet with your clinician and, building on the information you provided in your phone intake, you will work with him or her to clarify your immediate concerns and to begin to develop a plan of action for addressing them. In this session, you will complete paperwork and a consent form for treatment.

Sessions 2-Final Session. In these next sessions, you and your clinician will develop a plan to improve your emotional well-being and level of functioning. Together, your progress will be supported along with any changes you agree to make to help with your specific situation. This is important because MHS are limited to short-term therapy sessions on specific problems.

Final Session. In this final session, you will review your progress with your clinician and reinforce the gains you have made in short term therapy. Your clinician may provide follow up activities or referrals to maintain your progress. In some situations, the problem presented may require more specialized or extended services than can be provided by the College. If this is your situation, you will be given assistance in locating the appropriate community resource.

APPOINTMENT CANCELLATIONS, ARRIVING LATE and NO SHOWS

Cancellations. Making a commitment to take care of yourself is hard work and has the greatest chance of success when you keep your appointments. As a courtesy, you will receive an email reminder or text 24 hours ahead of your scheduled time. If you are unable to keep your appointment, please provide us with 24 hours' notice and we will be happy to reschedule you for the next available time. Same day cancellations are considered "No Shows." Phone number to call is 562-938-3987.

Late Arrivals. If you are late for an appointment, your clinician will be happy to see you for the remainder of your time. Due to the demand for our services, we will not be able to accommodate you beyond your scheduled time.

No Shows. When you miss an appointment without proper notice, it prevents our clinicians from helping other students who also need our services. As a result, a “No Show” for a scheduled appointment will reduce your total number of sessions. For example, if you miss your first session, your total number of sessions will be reduced to five instead of six sessions. If you are a “No Show” for your second session, then the clinician will interpret this to mean you are no longer interested in our services and you will be taken off the client schedule. If you find you need our services in the future, we will be happy to assist you.

Due to time-limited therapy services, all outstanding cases are automatically closed at the end of the academic semester.

EMERGENCIES, CONFIDENTIALITY and COMMUNICATIONS

Emergencies. Students are encouraged to visit or contact the LAC and PCC Student Health Service offices during business hours using the appointment information listed at the top of this form. After hours and emergency services can be accessed by calling 911 or Long Beach Mental Health Urgent Care (562) 790-1860.

Confidentiality. Conversations between you and the clinician are private and confidential except in certain cases defined by state and federal laws. The law has determined that confidentiality cannot override the obligation of a clinician to report suspected child abuse, elder abuse, neglect, or threats to harm self or others. The clinician you are seeing may need to share the above kinds of information with others to prevent harm to you or others. You may sign a specific written release of information to share verbal or written information with others, such as your doctor. Information regarding student contacts is not released unless authorized in writing by the student or unless the issue is a legally defined exception such as a court subpoena. Mental health records are not part of student academic records.

E-mail. Electronic mail is not a confidential means of communication, nor is it an appropriate way to access urgent assistance. Call the number listed above to make an appointment with a clinician.

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It is helpful if you agree to allow staff to contact you as needed. Please indicate this by initialing the appropriate lines below.

Yes _____ No _____ I give permission for staff to telephone/email/text me to clarify appointments.
 Yes _____ No _____ I give permission for the clinician to contact me.

My signature indicates that I understand the statements above and have fully discussed any questions I have. I request and give my consent for mental health services involving assessment, treatment and/or referral. In addition, I have read the Health Insurance Portability and Accountability (HIPAA) statement.

Your Signature	Printed Name	Student ID#	Today's Date
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Clinician's signature	Printed Name	Today's Date
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