Information and Consent for Mental Health Counseling at the Student Health Center

Services provided
Oxnard College Student Health Center offers free short term individual and scheduled group counseling services. Each student is allowed 4 sessions per semester they are enrolled. The initial intake does not constitute as one session.

You must be a currently enrolled student and have paid the health fee to be eligible for services.

Mental health counseling can have both risks and benefits. The counseling process may include discussions of your personal challenges and difficulties which can elicit uncomfortable feelings such as sadness, guilt, anger and frustration. Counseling has also been shown to have many benefits. It can often lead to better interpersonal relationships, improved academic performance, solutions to specific problems and reduced distress. These benefits cannot be guaranteed for any particular person and depend greatly on your efforts.

Confidentiality
In keeping with ethical standards of the American Psychological Association, the Board of Behavioral Sciences and state and federal law, all services provided by the staff of the Health Center are kept confidential except as described below and in the accompanying Notice of Privacy Practices. We may confer with other Health Center staff about the best way to provide assistance to you.

As required by mental health practice guidelines and current standards of care, we will keep records of your counseling. Neither the fact that you seek counseling nor any information you tell us will appear in your student academic record unless you specifically ask us to communicate with other staff and faculty at the college.

Exceptions
We have a legal responsibility to disclose information about you, even without your permission, when:

- You are likely to harm yourself or someone else unless protective measures are taken. If it appears that you are likely to harm or kill yourself or other people, or are a danger to the college community, we reserve the right to communicate and share information about you to the extent necessary to protect safety with the appropriate college authorities, and as appropriate, your parents, spouse or significant other, or other people or agencies who can protect safety.
- When there is reasonable suspicion of abuse of children, incapacitated adults or the elderly.
- When there is a valid court order for the disclosure of patient records.

Please sign below to indicate that you understand the above policies, have had the opportunity to ask questions and agree to participate in mental health counseling in accord with these policies.

Student’s Printed Name & Signature __________________________ Date ____________

Therapist’s Printed Name & Signature __________________________ Date ____________