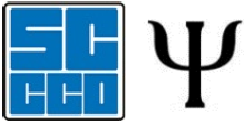

State Center Community College District

Request for Remote Psychological Services

First Name: ____________________________ Last Name: _____________________________ Date: _________________

Student ID#: __________________ DOB: _______________ Age: _______

Phone (primary): ____________________________ **OK to leave a message?** YES NO

Phone (secondary): __________________________ **OK to leave a message?** YES NO

Home Address: ____

Emergency Contact: ______________________________________ Relationship: __________________________________

Emergency Contact Phone: ______________________________ Initial here to give permission to contact: __________

I am attending: ❑ Fresno City College ❑ Reedley College ❑ Clovis Community College ❑ Madera Community College

LIMITED CONFIDENTIALITY

Information shared with psychological services staff will be kept confidential except within a few specific circumstances. Psychological staff are **mandated reporters**. Information related to **harm to self or others**, **minor, elder,** or **dependent adult abuse/neglect** will be shared with the proper authorities.

Are you thinking of **harming yourself**? YES NO

Are you thinking of **harming or killing another person**? YES NO

Are you having **suicidal thoughts**? YES NO

Online therapy with SCCCD Psychological Services is **NOT** a crisis-based service.

If you are currently in crisis, actively engaging in self-harm, or considering harming yourself or others, please **immediately** discontinue this form and go to your nearest emergency room, or call **911**, SCCCD campus police **at (559) 442-8201**, the National Crisis Line at **1-800-273-8255**, the Central Valley Crisis Line at **1-888-506-5991**, or text **741741**.

GENDER: *(male, female, gender-fluid, transgender, etc.)*

____

____

ETHNICITY: *(African-American, Asian, Caucasian, etc.)*

____

____

____

MARITAL STATUS:

❑ Single
❑ Dating Someone
❑ Live With Significant Other
❑ Married
❑ Separated
❑ Divorced
❑ Widowed

Please List All Your Available Times Between 9am To 4pm:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Do you have insurance?

❑ No ❑ Yes, not sure which ❑ MediCal ❑ Cal-Viva ❑ Kaiser Permanente ❑ Blue Shield ❑ Anthem BlueCross ❑ Name: ______________

Who referred you?

❑ Instructor ❑ Friend ❑ Self ❑ Family ❑ Counselor ❑ Coordinator

❑ Dean ❑ Vice President ❑ Nurse ❑ District Police ❑ Website Name: __________

Check issues you are now having or have experienced within the last 2 weeks:		
EMOTIONAL CONCERNS ❑ Sad or depressed ❑ Feelings worthless or helpless ❑ Tired, lack of energy ❑ Decrease in drive or motivation ❑ Isolation or feelings of loneliness ❑ Irritability, hostility, anger ❑ Relationship concerns **THINKING CONCERNS** ❑ Problems remembering ❑ Difficulty making decisions ❑ Hearing voices or seeing things that others don't ❑ Told my behavior is odd or eccentric ❑ Poor concentration or focus	**STRESS or ANXIETY CONCERNS** ❑ Fear or anxiousness ❑ Panic attacks ❑ Stress, worry ❑ Test anxiety ❑ Persistent intrusive thoughts ❑ Restlessness or feeling keyed up or on edge ❑ Shyness/discomfort in social situations ❑ Self-harming ❑ Substance use ❑ Eating disorder	**OTHER CONCERNS** ❑ Spiritual issues ❑ Gender identity issues ❑ Sexual orientation questions ❑ Concerns about family ❑ Adjustments to college ❑ Cultural conflict or prejudice ❑ Financial problems ❑ Legal problems ❑ Grief / loss ❑ **OTHER** (specify): ________ ________________________________ ________________________________

Briefly describe your reasons for seeking therapy at this time:

____

____

____

Rate your current level of distress: MINIMAL MILD MODERATE SEVERE

Have you ever been hospitalized for psychiatric reasons in the past? YES NO

If "YES", please complete the information below regarding your hospitalization(s)

When were you hospitalized? (Month and year if possible)	Where were you hospitalized?	How long were you hospitalized?	Why were you hospitalized?

Informed Consent for Online Therapeutic Services

Please Read Carefully Before Signing

SCCCD Psychological Services is a training site where therapists in training are supervised by licensed clinical psychologists. Completing and submitting this form constitutes your agreement for online and remote psychotherapy services conducted by SCCCD Psychological Services Department student therapists operating under the supervision of Dr. Samuel Montano, Dr. Jennifer Zizzo, and Dr. Donica Romeo. All services with SCCCD Psychological Services therapists are only available for **current State Center Community College District students** who are **over the age of 18.**

All Psychological Service Departments are open from **8am - 5pm Monday - Friday** during the Spring and Fall semesters, and **8am - 3:30pm** during Summer session. Psychological Services is closed during holidays and winter break. As a new client, you are eligible to receive **4-6 sessions** your first semester after you have paid your health service fee (there are no additional fees for psychological services received at SCCCD). A session is typically approximately **45-50 minutes long** in duration. As a returning client, you are eligible to receive **2-4 sessions** per semester.

Online therapy with SCCCD Psychological Services staff is **NOT** a crisis-based service.

If you are currently in crisis, actively engaging in self-harm, or considering harming yourself or others, please **immediately discontinue this form** and call the emergency crisis numbers listed on page 1. Should you become at risk of harm to yourself or others, you must **immediately** report those feelings to your therapist. In such cases, you may be referred to a traditional non-online program or provider.

What To Expect From Therapy

Therapy is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a therapist (under supervision by a licensed psychologist) who has the desire and willingness to help you accomplish your individual goals. Therapy involves sharing sensitive, personal, and private information that may at times be distressing. During the course of therapy, there may be periods of increased distress. The outcome of therapy is often positive, however, the level of satisfaction for any individual is not predictable.

Your therapist is available to support you throughout the process. If there is an issue with your therapy that you would like to have addressed, first discuss the issue with your therapist. If necessary, contact Dr. Samuel Montano (Psychological Services Coordinator) via email at Samuel.Montano@fresnocitycollege.edu.

Your Responsibility as a Client

Please note that if you do not call to cancel or reschedule within the 24-hour notification requirement, your no show/no call will count as one of your sessions. In the event that you no show/no call to two consecutive appointments, your file will be closed for the semester and you will be required to complete another Request for Services form. If you are referred off campus for services, you are responsible for their charges.

Confidentiality

All interactions with Psychological Services, including scheduling of or attendance at appointments, the content of your sessions, progress in counseling, and your records are confidential. No record of therapy is contained in any academic, educational, or job placement file. You may request in writing that the psychological services staff release specific information about your counseling to persons you designate.

Exceptions to confidentiality:

1. When serious and foreseeable harm to you or others is evident.
2. When release of confidential information is required by court order, or requested by you.
3. When child abuse or neglect is evident or suspected.
4. When one has expressed viewing, being in possession of, creating or distributing child pornography. This includes sending others explicit photos you have taken of yourself, if you or the recipient were under the age of 18 at the time.
5. When abuse, neglect or exploitation of adults who are vulnerable due to physical or mental impairment or advanced age is evident or suspected.
6. If your therapist consults with other Psychological Services staff for professional and training purposes to provide the best possible care (your identifying information will be redacted to ensure your confidentiality.)

Record-Keeping

Psychological Services will maintain a confidential file that will contain client information. **All** information is viewed as privileged. Recordings of your phone or video sessions are illegal and are prohibited. You are **NOT** allowed to make an audio or video recording of any portion of your therapy sessions, or post a recording of any portion of your therapy sessions on internet websites such as Facebook or YouTube.

Confidentiality & Online Therapy

SCCCD Psychological Services staff utilizes Cisco phone systems and Zoom videoconferencing for Online/Remote therapy sessions. Zoom is encrypted with a HIPAA-compliant secure platform to allow for the highest possible security and confidentiality. However, **you are responsible** for securing your own computer hardware, internet access points, chat software, email, and passwords and ensuring that they are encrypted, secure, and HIPAA-compliant. Your sessions can take place via Zoom or phone. SCCCD Psychological Services staff is not responsible for the failure of client's phone, camera, and/or Internet service. If video services are not available, your sessions will occur via phone. Using cell phones for therapy may be a confidentiality risk in that signals are scrambled but rarely encrypted. Please discuss any concerns with your therapist during your first session so as to develop ways to limit risks.

By utilizing online therapy services, you are risking unauthorized monitoring of transmissions and/or records of therapy sessions conducted via phone or Zoom. Confidentiality can be breached in transit by hackers or internet service providers, or at either end by others with access to your account or computer. You are further responsible for understanding the potential risks of confidentiality being breached if you utilize un-encrypted email, lack of password protection or leave information on a public access computer in a library or internet café.

We ask that you determine who has access to your computer and electronic information; this could include family members, co-workers, supervisors and friends. We ask that you determine whether or not confidentiality from your work or personal computer may be compromised due to such programs as a keylogger. We encourage you to only communicate through a computer on which confidentiality can be ensured. SCCCD Psychological Services staff is not liable for confidentiality breaches when they are caused by client error or in direct response to the client's actions.

Emails may not be received by the therapist if they are sent to the wrong email address. SCCCD Psychological Services staff will not respond to personal or clinical concerns sent via email. Your therapist will make every effort to respond to email requests for sessions within 1-2 business days. Work with your therapist to identify local resources if you have concerns about the timeliness of responses.

Signature of Understanding and Request for Services

By signing below, I acknowledge that I have read and understand the therapist's role as a **mandated reporter** and the **limits of confidentiality** as outlined above. I also acknowledge that I understand that the purpose of the initial intake/ screening appointment is to **determine whether campus services OR community services are most appropriate for me** based on the therapist's judgment of my current treatment needs. I understand that the screening appointments are **15-20 minutes long**, and that if I do not call **within 24 hours** to reschedule, are late, or do not attend my scheduled intake/screening appointment, I will be required to **resubmit** a new Psychological Services Request Form.

I understand the risks and benefits of therapy, the nature and limits of confidentiality, and what is expected of me as a client of Psychological Services. I will discuss any concerns with my therapist prior to starting therapy.

____ __________________

Student Signature Date

Thank you for completing the SCCCD Psychological Services Request For Online Therapy Services Form.
You should receive a response from a staff member in 2-3 business days.