



# Client Consent Form

## Student Mental Health Services

TOLEDO-AREA CAMPUS  
P.O. Box 10,000 • Toledo, Ohio 43699-1947  
(567) 661-2107

Welcome to Student Mental Health Services (SMHS) at Owens Community College. All currently enrolled students are eligible for mental health services within our office. There is no fee for mental health services at Owens Community College. If it is determined that your needs require resources or competencies beyond which we can provide, we will attempt to locate appropriate on or off campus resources that best meet your needs. If you are referred off campus to health, mental health, or substance abuse professionals you are responsible for their charges.

Services provided by SMHS include mental health assessment, consultation, crisis intervention, counseling, linkage to community resources, and support for personal growth and educational success.

Should you be referred for counseling services through SMHS please be aware that counseling 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. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for each individual is not predictable. Your clinician will be available to support you throughout the counseling process.

### ATTENDANCE

In order to benefit from SMHS, it is important for you to attend your appointments as scheduled. Prompt arrival for appointments is appreciated. Please call (567) 661-2768 or your counselor directly if you will be late. Cancellation of appointments within a 24 hour notice is encouraged as it allows for the scheduling of others. Should you not call to cancel and/or do not present for your scheduled appointments, you will be discharged from SMHS after the third occurrence.

### CONFIDENTIALITY

All interactions with Student Mental Health Services at Owens Community College, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential as determined by Federal and State Laws, as well as professional codes of ethics. No record of counseling is contained in any academic, educational, or job placement file. You may request in writing that the office staff release specific information about your counseling to persons you designate.

#### Exceptions To Confidentiality:

- If there is evidence of clear and imminent danger of harm to self and/or others, a counselor is legally required to report this information to the authorities responsible for ensuring safety.
- Ohio state law requires that counselors who learn of, or strongly suspect, physical or sexual abuse or neglect of any person under 18 years of age, elder, or dependent adult must report this information to county protection services.
- A court order, issued by a judge, may require a counselor to release information contained in records and/or require a counselor to testify in a court hearing.
- Your counselor may consult with other mental health staff to provide best possible care. These consultations are for professional and training purposes.

*\*Please note that SMHS at Owens Community College does not provide services that require court testimony or involve legal proceedings, verification of services for disability claims, workers compensation, public assistance, SSI benefits, etc.*

### EMERGENCIES

For emergencies during regular business hours, please contact Student Mental Health Services at extension 2107 or the Public Safety at extension 7575. For emergencies outside of office hours, please contact:

- Lucas County: Rescue Mental Health Services at (419) 255-9585
- Wood County: The Link (419) 352-1545
- Hancock County: (888) 936-7116
- You may also call 911, or go to the nearest hospital emergency room.

I have read and discussed the above information with a Student Mental Health Services clinician. I understand the risks and benefits of services, the nature and limits of confidentiality, and what is expected of me as a client of Student Mental Health services at Owens Community College.

Client Name (please print) \_\_\_\_\_ Client Signature \_\_\_\_\_  
Date \_\_\_\_\_ Clinician \_\_\_\_\_