Student Health and Wellness  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Santa Barbara City College K#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**721 Cliff Drive, Santa Barbara, CA 93109**

**(805) 965-0581 Ext. 2298 • Fax (805) 560-6572**

**AREAS OF CONCERN**

*Please check all that apply,* ***NOW or in the PAST. Use an X for most pressing concerns:***

**General life:**

🞏 Self esteem

🞏 Personal identity

 Specify: \_\_\_\_\_\_\_\_\_\_

🞏 Adjustment to college

🞏 Financial problems

🞏 Coping with stress

🞏 Managing multiple responsibilities

🞏 Sleep problems

🞏 Spirituality/religion/values issues

🞏 Bereavement, loss, or grief

**Interpersonal Concerns:**

🞏 Making or keeping friends

🞏 Shyness/anxiety in social situations

🞏 Multicultural concerns

🞏 Conflict resolution

**Relationships:**

🞏 Relationship conflict

🞏 Break up

🞏 Improving relationship

🞏 Relationship abuse/violence

**Academic:**

🞏 Motivation

🞏 Problems studying

🞏 Learning differences

🞏 Time Management

🞏 Test taking problems

🞏 Performance anxiety

🞏 Missing classes

🞏 Career planning and academic goals

🞏 Conflict with SBCC faculty/staff/admin

**Physical Health Issues:**
🞏 Coping with illness (self or other)

🞏 Physical disability concerns

**Discrimination/Harassment or other concerns due to:**

🞏 Sexual harassment/stalking

🞏 Taunting/bullying

🞏 Race/Ethnicity

🞏 Gender

🞏 Sexual Orientation

🞏 Disability

**Eating:**

🞏 Overeating

🞏 Binging/purging

🞏 Undereating or restricting

🞏 Weight

🞏 Body image concerns

**Mood/Feelings/Behavior:**

🞏 ADD, ADHD

🞏 Anxiety, worries, panic

🞏 Depression, sadness, apathy

🞏 Feeling hopeless or worthless

🞏 Mood swings

🞏 Obsessive thoughts, and/or compulsive behaviors

🞏 Irrational feelings, thoughts, behaviors

🞏 Loss of interest in things

🞏 Suicidal feelings/thoughts

🞏 Suicide attempt(s)

🞏 Irritability\_\_\_ or Anger\_\_\_\_

🞏 Impulsive behavior

🞏 Self-harm/cutting

**Family:**

🞏 Parental conflict

🞏 Divorce/separation

🞏 Conflict with parent

🞏 Family financial difficulty

🞏 Family violence

🞏 Sibling concerns

🞏 Marital concerns (separation/divorce)

🞏 Child concerns

**Abuse/Violence:**

🞏 Emotional Abuse

🞏 Sexual abuse

🞏 Sexual assault\_\_\_ rape\_\_\_

🞏 Physical abuse

🞏 Threat/Assault

**Sex/Gender:**

🞏 Sexual behavior

🞏 Sexual responsiveness/performance

🞏 Other

**Abuse/Addiction Related Concerns:**

🞏 Alcohol

🞏 Marijuana

🞏 Other substances

🞏 DUI

🞏 Gambling problem

🞏 Recovery support

🞏 Family alcoholism

🞏 Computer/internet/gaming concerns

**Legal Concerns:**

🞏 Victim of a crime

🞏 Witness to a crime

🞏 Other legal or criminal

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**Information and Consent for Mental Health Counseling**

**Services Provided**

SBCC offers free individual and group counseling services. Each student is allowed up to 6 sessions per semester they are enrolled. You must be a currently enrolled student and have paid the student 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 performances, solutions to specific problems and reduced distress. These benefits cannot be guaranteed for any particular person and depend greatly on your efforts.

**Mental Health Policies**

Your initial session is an intake session devoted to defining your concerns, developing a treatment plan, and determining whether our services fit your needs. If at any point it is determined that other services are more suitable, we will help you obtain assistance from appropriate off campus providers. Non-compliance with the plan we develop to assist you could result in the termination of services.

Please arrive on time for your appointments. Please attend your appointment free of alcohol or other non-prescribed drugs or you will be asked to reschedule. Missed appointments reduce our capacity to provide services to other students. If you are unable to keep your appointment please call to cancel or reschedule your appointment as soon as possible. Cancellations must be made before the day of your appointment or they will count as one of your six sessions.

**No-Show Policy:**

After the ***first no-show*** you must fill out an appeal form. After the***second no-show*** you will not be able to make another appointment for the remainder of the semester. After the ***third no-show*** you will not be able to make an appointment for the remainder of the semester and the subsequent semester. Students who have two or more no-shows will be given community resources. **Use of**

**Electronic Mail:** Please be aware that email is not private or confidential. Additionally, we may not read it in a timely fashion. No counseling will be conducted via email.

**Confidentiality**

Information discussed in the therapy session and client records are held confidential in accordance with the American Psychological Association, The Board of Behavioral Sciences, state and federal laws, and the Health Insurance Portability and Accountability Act (HIPAA). As required by professional practice guidelines and current standards of care, we keep electronic medical records of your counseling. Neither the fact that you seek counseling nor any information disclosed in the counseling sessions will appear in your academic record unless you specifically direct us to communicate with other staff and faculty at the college. Information is not shared without written permission with the exception of the following conditions listed below. **Mental Health Counseling Staff have a legal responsibility to disclose patient information without prior consent when:**

* A client likely to harm themselves, or others unless protective measures are taken. If it appears that you are likely to harm yourself, 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, behavioral intervention team, and as appropriate, family, partner, other people, or agencies who can protect safety.
* There is a reasonable suspicion of the abuse of children, dependent adults, or the elderly.
* There is a valid court order for the disclosure of patient records
* The patient lacks capacity to care for themselves.
* Patients are under the age of 18, confidential information may be disclosed to parents or guardians

Fortunately, these situations are infrequent. Please consult with your counselor if you have any questions regarding confidentiality.

**Student Health is a training site for Psychologists and Marriage and Family Therapists**

The mental health counseling you receive may be from a state registered marriage and family therapist intern or Doctoral Intern. They are all supervised by Alyson Bostwick, licensed marriage and family therapist (LMFT30523) and Lacey Peters, licensed marriage and family therapist (LMFT77995). If you should have any questions or concerns about the service you receive you may speak with either person.

***My signature confirms that I agree to the above policies and limits of confidentiality. I have read an overview of the Notice of Privacy Practices (copy on clipboard) and understand I may request a copy.***

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_