

Center for Community Counseling  
Consent to treatment

CCC offers counseling services to adults in Lane County. Our counseling staff are volunteer professionals who have a Masters or Doctorate degree in the counseling field, or who are interns working with us while pursuing advanced degrees.

If you are calling during the period of “social distancing,” we are offering short-term sessions to support individuals during this period. You will have the same counselor for at least 3 sessions, at which point you can discuss the possibility of extending services.

CCC is not an emergency service. If you are experiencing a medical emergency, please call 911 or one of the resources at the end of the Telemental Health Consent form.

In order for you to make your counseling as effective as possible, we would like to explain a few guidelines:

### **CONSENT TO TREATMENT**

We see all people as competent at managing their own lives. Your counselor will maintain a professional relationship with you, that focuses on facilitating the changes and growth that you desire.

It often takes a while for a real sense of trust and comfort to be established. At times, the conditions that brought you to counseling may appear worse before they get better.

It is important to attend regularly and discuss any questions, concerns or worries you may have with your counselor. If, for any reason, you are unable to resolve significant concerns in this manner, please contact the Center's Clinical Director for assistance.

### **FEES**

The Center for Community Counseling has always operated on a sliding scale fee. Given the current situation, we no longer have a sliding scale range but rather ask that you pay any amount that you believe you can afford. Payments can be made through our website using Zelle or PayPal. You can also pay by check by mailing payments to:

Center for Community Counseling  
1465 Coburg Road  
Eugene, OR 97401

### **MISSED or CANCELLED SESSIONS**

We request cancellations of 24 hours or more. However, if an emergency situation arises, we ask that you give as much notice as possible. You can leave a message at 541-344-0620 or email the clinical program manager at [nasim@cceugene.org](mailto:nasim@cceugene.org). Please provide your name and the name of your therapist.

2 missed appointments can result in canceling your enrollment.

## Telemental Health Informed Consent

I \_\_\_\_\_, (name of client) hereby consent to participate in telemental health with **The Center or Community Counseling** as part of my psychotherapy. I understand that telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations.

I understand the following with respect to telemental health:

1. I understand that I have the right to withdraw consent at any time without affecting my right to future care.
2. I understand that there are risk and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
  1. I understand that the Center for Community Counseling has done their best to mitigate these risks by choosing HIPPA compliant platforms and offering phone or online options.
  2. If technology interruptions happen, my provider will call me on the provided phone number to complete the session. It is my responsibility to keep my provider informed of any changes to my contact information.
  3. I understand that there will be no recording of any of the online sessions by either party.
3. I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health. Limits to confidentiality include:
  1. Harm to a child or vulnerable adult
  2. Threat of harm to self or others
4. 5) I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.
  1. If I am feeling experiencing any of these thoughts or symptoms, I will utilize one of the following resources:

- CAHOOTS – Eugene **541-682-5111 (police, non emergency)**
- CAHOOTS – Springfield **541-726-3714 (police, non emergency)**
- Hourglass walk-in service: **71 Centennial Loop, Suite A, Eugene**
- **911** for emergency care
- White Bird at **541-687-4000 / 1-800-422-7558.**
- National Domestic Violence Hotline **1-800-799-SAFE (7233)**

**Emergency Protocols**

I need to know your location in case of an emergency. You agree to inform me of the address where you are at the beginning of each session. I also need a contact person who I may contact on your behalf in a life- threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

A phone number I can be reached at is: \_\_\_\_\_.

In case of an emergency, my location is: \_\_\_\_\_ and my emergency contact person’s name, address, phone: \_\_\_\_\_

\_\_\_\_\_

I have read the information provided above and discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

\_\_\_\_\_ Signature of client/parent/legal guardian/Date

\_\_\_\_\_ Signature of therapist/Date

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