PSYCHOLOGICAL SERVICES

Agreement for Services

Print Name: _____ ID #: _____

De Anza College Psychological Services provides brief counseling, crisis intervention, and mental health and substance abuse assessment. We also provide referrals to social support resources in the community. Psychological Services is staffed by licensed Mental Health Professionals and supervised clinical psychology graduate interns.

Confidentiality

Written records are kept for students who use Psychological Services. All information you share with your counselor, including your participation in counseling, is confidential and will only be disclosed with your written consent **except** as required by California law for these conditions:

- A court of law orders the counselor to testify or release records.
- You are the victim or perpetrator of child abuse.
- You are the victim or perpetrator of dependent adult or elder abuse.
- You threaten to harm yourself or someone else or are considered gravely disabled (unable to provide for your basic personal needs for food, clothing, or shelter).
- You are a minor (under 18 years of age), certain circumstances may require that parents be notified about or consent to your participation in counseling.

Additionally, if your counselor is a graduate intern, information may be shared with other Psychological Services personnel for supervision and consultation purposes to ensure proper and ethical services.

Benefits and Risks

Benefits may include:

- Relief from distressing symptoms.
- Improved emotional health.
- Learning new approaches to problem solving.
- Increased insight and understanding of your thoughts, feelings, and behaviors.

Significant personal change has the potential to be stressful, painful, and may include periods of intensified feelings. While there is evidence that counseling benefits most people, **there is no guaranteed outcome**.

Please be aware that counseling offered by Psychological Services may not be appropriate for some issues and may require specialized or more intensive counseling. Assistance with referrals will be provided.

Crisis

Psychological Services is not available outside posted office hours or during weekends, holidays, or quarter breaks based on the De Anza College academic calendar.

In the event of an emergency or urgent need to speak with someone, please contact 911 or Santa Clara County Emergency Psychiatric Services at 408-885-6100.

Student Responsibilities

Registered students of De Anza College are eligible for brief counseling sessions. The **first five** sessions are free of charge (including sessions attended, missed, or cancelled within 48 hours of the scheduled session). After the first five sessions, the fee schedule is as follows. Payment may be made via credit or debit card through the Psychological Services office.

Session Number	Fee
1-5	Free
6-10	$10.00
11-15	$15.00
16+	$20.00

Students are required to reschedule or cancel appointments at least 48 hours in advance of their scheduled appointment time. Call Psychological Services at (408) 864-8868. Students who do not cancel or reschedule with sufficient notice, or who do not attend their scheduled session, will have one of their five free sessions counted as missed. If the student has attended more than 5 sessions, they will be charged for a missed session.

Through this signature, I verify that I am currently enrolled as a student at De Anza College and that I have read, understand, and agree to the terms in the "Agreement for Services".

I understand appointments may not be available as needed, and that De Anza Psychological Services does not provide 24-hour crisis care.

I understand it is important to discuss any questions or concerns I have during the counseling process with my counselor. I understand that I am responsible to pay for sessions that are not provided free of charge.

I understand I am responsible to attend scheduled appointments and will call Psychological Services at (408) 864-8868 to **reschedule or cancel appointments at least 48 hours in advance** of my scheduled appointment time or I may be charged for a missed session.

Signature: _____ Date: _____