Notice to Clients

As you may be aware, the World Health Organization has declared the COVID-19 a pandemic. As the nation is working to minimize the spread of the virus, the UCI Counseling Center is following local, state, and national guidance regarding contingency planning related to our delivery of services.

Currently, the Counseling Center is operating at normal functioning. However, as the COVID-19 pandemic continues to evolve this may result in abrupt and unexpected changes in service delivery.

Your well-being is a top priority, and we want to provide you with as much information as possible to allow you to make informed decisions about your needs and continued clinical care.

Types of Potential Disruption:

**Modality of Service:** Currently services are offered in person. However, depending on how circumstances unfold on campus, nationally and locally, the Counseling Center may need to move to alternative modes of delivery, including telehealth. Telehealth may involve services via phone or secured internet connections.

**Availability:** A specific provider’s availability may shift quickly and unexpected due to environmental and personal circumstances. This could impact ability to continue to work with a specific provider. In more extreme circumstances, it is also possible that no Counseling Center services will be available for an undetermined amount of time and leave a gap in your care.

**Duration:** The circumstances are evolving hourly and duration of this contingency planning is uncertain at this time. The Counseling Center is doing its best to ensure that we keep our clients and campus up to date as decisions are made.

Alternate Options

If you have concerns about these potential disruptions to your care, especially a potential gap in care, please raise these concerns with your provider. Your provider may help you explore alternate options, such as being linked to off-campus services which are less likely to experience the gap in care.
My signature below indicates that I am aware of the potential limitations to Counseling Center services as described above and I agree to discuss any concerns with my provider.

________________________________                   _____________________  
Student Name                   Student ID Number

________________________________                  _________________
Signature                                                                   Date