



Counseling Department  
P.O. Box 19000  
Portland, OR 97280-0990

## Career Counseling Services

Welcome to the Counseling Department at Portland Community College (PCC). This document is an introduction to our department and procedures that you may expect to experience. If you have questions after reading this information, please discuss them with your counselor.

**WHAT TO EXPECT:** During your initial contact with the department, a counselor will meet with you to discuss the nature of your career development needs. You will be asked questions about what brings you to career counseling in order to determine appropriate options available to you. PCC Counseling provides career counseling and career assessments. We offer short-term individual career counseling. The Counseling department also offers personal counseling in addition to career services. If you are seeking personal counseling services, please notify your counselor.

If you have any questions about experience or credentials, please feel free to discuss them with your counselor. You are also encouraged to talk to your counselor at any time about your working relationship, particularly if your needs are not being met or you are dissatisfied with our services.

**STAFF:** The counseling staff is composed of licensed professional counselors, PhD level counselors, Masters-level counselors, counseling interns and licensed psychologists. Referral to staff will be based on your counselor's professional judgment as well as on your specific needs and preferences.

**AVAILABILITY OF SERVICE:** Brief career counseling services are available during regular business hours in Fall, Winter, and Spring terms. We also provide limited services in the summer term. The department works on an appointment only basis.

**CONFIDENTIALITY:** The PCC counselors maintain confidential records of career counseling sessions. There may be some exceptions to confidentiality:

1. You give your written permission to share information with specific others
2. Reporting suspected child, elder and vulnerable-adult abuse.
3. Reporting imminent danger to self or others.
4. Situations where disclosure may be required by state or federal law.
5. The department's computerized scheduling system identifies students as receiving career counseling, but does not disclose records/content of the session. College personnel have access to this system.
6. Academic advising and career planning activities performed (e.g., transfer planning, registration assistance, registration holds, questions about program planning, etc.) may require contact with college personnel and documentation within the college's operating systems (i.e., Banner, AdvisorTrac).
7. If you are receiving accommodations from Disability Services, we may consult with your PCC Disability Services counselor.

**YOUR BASIC RIGHTS AND RESPONSIBILITIES AS A CLIENT:**

- You have a right to confidentiality (except in the situations outlined under “confidentiality”). If you decide to release information to any party external to the department, you will be asked to sign a “Release of Information” form.
- If dissatisfied with your career counselor, you have the right to request a different one. We encourage you to discuss this with your initial counselor, if possible.
- You have a responsibility to keep your appointments or to call and cancel them as soon as you know you cannot keep them.
- It is your responsibility to inform your counselor of changes to your address, phone number, and/or emergency contact information in order to facilitate communication as necessary.
- You have the responsibility to follow through with referrals and for alerting your counselor if any referrals are not viable.
- It is your responsibility to inform the counselor of changes in your counseling focus from career to personal and complete the necessary paperwork to initiate this change.
- You have a right to be free from being the object of discrimination on the basis of race, religion, gender, sexual orientation, gender identity, or other unlawful category while receiving services.

*Please sign below to indicate that you understand the information presented in this document and you consent to receiving career counseling services through the PCC Counseling Department.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Student I.D. #: G \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact you at this # ?  Yes  No      May we leave a message?  Yes  No

PCC Email: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_