

Bergen Community College
Educational Opportunity Fund Program
400 Paramus Road, Room C-100, Paramus, New Jersey 07652

SERVICES INFORMED CONSENT

Your identity and the information discussed will not be shared. However, there may be a time when a counselor will need to confer with an on-campus professional on your behalf. This would be done with extreme discretion.

Your appointment with an Educational Opportunity Fund (EOF) counselor will be treated with respect and sensitivity. If your needs extend beyond our scope of service, referral options will be discussed with you.

The rules of confidentiality apply except when there is a serious concern or suspicion or evidence that you are suicidal or homicidal; a child or elder is being sexually, physically abused or neglected; or there has been a subpoena issue by the Court.

Rights & Responsibilities: “You have the right to be treated with consideration and respect for personal dignity, autonomy and privacy. Information shared by you is privileged and will be treated confidentially, but you should be aware of the following exceptions:

- (1) if you are determined to present an imminent threat of harm to yourself or others or are unable to take care of yourself,
- (2) if abuse or neglect of minor child or adolescent, elderly individual or disable person is suspected, or
- (3) if your records are subject to court order or other legal process requiring disclosure.

Additionally, to ensure the provision of effective services, counselors regularly consult with one another.”

Your signature bellow will acknowledge that you have read, understood and accept these terms.

Student signature: _____ **Date:** _____

Full Name: _____

Address: _____

City, State, & Zip: _____

Date of Birth: _____ BCC ID No.: _____

Phone Number: _____ Alternate Phone number: _____

In case of an emergency, I provide my permission to EOF personnel to speak with/contact:

Emergency Contact Full Name: _____

Emergency Contact Phone Number: _____