

DIABLO VALLEY COLLEGE INFORMED CONSENT STATEMENT

Please review, sign and return this form to:
craniumappt@dvc.edu

To all DVC students and potential students:

You must carefully read the entire "Terms & Conditions" and "Privacy Protection" statements

Below before using the Online Counseling Services at DVC. Please select "I Agree" at the bottom of the page if you wish to schedule an online appointment.

TERMS & CONDITIONS Information about you is confidential. It is important that you supply the most current information about yourself, your educational history, plans and career goals so that online counselors may provide you with the most accurate information specific to your needs.

- Per the Family Rights and Privacy Acts, I hereby grant permission for DVC online counselors to release academic information about myself during an Online Counseling appointment and/or workshop or group session, via the ConexEd Meeting Center, which I understand to be encrypted and secured.
- When requesting an Online Counseling Appointment and while asking the online counselor questions, I must authentically represent myself in all aspects.
- I am the student who will be attending the Online Counseling Appointment, and I will
 - provide accurate personal information, educational history, and educational goals.
- I authorize the online counselor to provide me with information related to my academic records online through the use of the Online Counseling website and the ConexEd powered Meeting Center.
- I authorize the online counselor to record my Online Counseling Appointment session for the sole purpose of assisting me with my educational pursuits.
- I give permission to DVC counselors, relevant DVC personnel and ConexEd Meeting server personnel (administrator) to, when necessary and for the sole purpose of improving the online meeting services, have access to recorded information from an Online Counseling Appointment/Express-Walk-in between a counselor and myself.

Privacy Protection I understand that when using the DVC online counseling services, I must protect my personal information from others, therefore:

- I will provide an accurate and private email address.
- I understand that the Online Counseling program may email confirmation messages and notifications to the address I provide.
- I understand that every time I request an Online Counseling Appointment my email address must be accurate and private.
- I understand that if I choose to share an email account with another person, that person will have access to my Meeting ID# and password, which may allow that person eventual access to my personal and academic information.
- If I choose to share an email account, I release DVC Online Counseling Services and DVC from any liability resulting from such action.
- I have read the above information in detail. I understand and agree to the Terms & Conditions and Privacy Protection established for DVC Online Counseling.

PRINT NAME
DATE _____

SIGNATURE