

## Informed Consent for Counseling Services

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**School District:** \_\_\_\_\_

**School Building:** \_\_\_\_\_

### Introduction

Lapeer County Intermediate School District has received funding to expand mental health services to students enrolled in Lapeer County Schools. In an effort to achieve this goal, parents/ guardians or school staff may refer students for counseling (individual and/or group), or students may request counseling. The focus of the counseling program is to promote more effective education and socialization within the school community. There is no cost for counseling services that are provided through the school system during the school year.

### Provision of Services

It is a generally accepted policy to obtain the parent/ guardian's permission for counseling when it is for more than crisis intervention. Services may be individual, group, short or long term, depending on the needs of your child. This written permission is kept in a separate file in the therapist's office. I understand that these services are not intended as a substitute for diagnosis or treatment for any mental health disorder. Referrals to outside agencies will be provided to the parent when appropriate.

### Confidentiality

In order to build trust with the child, the counselor/therapist will keep information confidential, with some possible exceptions. Because these services are provided to minor children in the school setting, I understand that the school counselor may share information with parents/guardians, the child's teacher, and/or administrators or school personnel who work with the child on a need to know basis, so that we may better assist the child as a team. The counselor is also required by law to share information with parents or others in the event the child is in danger of harm to self or others. The counselor will make the child aware of these limits to confidentiality and will inform the child when sharing information with others.

☐ YES ☐ NO

*I have read the above information and hereby give my consent for my child to participate in counseling services and agree to abide by the guidelines of confidentiality. I also understand that I can revoke my consent at any time.*

\_\_\_\_\_  
**Parent/Guardian Signature(s)**  
 (or student if over 18 years )

\_\_\_\_\_  
**Date of Consent**

**For questions, please contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_