

INFORMED CONSENT FOR INDIVIDUAL COUNSELING

Thank you for considering individual counseling as a support option for your child. The decision to participate in counseling can sometimes be a difficult one, yet an important step toward change. With your consent, your child's counselor will be the school principal who is a Licensed Professional Counselor and Certified School Guidance Counselor. If you should have questions or concerns about the counseling program, please feel free to contact your school principal.

Confidentiality is the backbone of counseling. Because counseling is based on a trusting relationship between counselor and client, the counselor will not release information the student shares unless it is a situation in which there is an ethical or legal obligation to do so. Although it is important that you, as the parent, and the counselor discuss general issues and what can be done to help the child, the information the counselor discusses with you will not reveal specific information shared by your child. Information provided by your child will not be released unless:

- A. there is a clear and imminent danger to your child;
- B. your child reveals information about mental or physical child abuse;
- C. a court orders the counselor to release the information;
- D. your child reveals information about criminal activity.

Information contained in your child's records will not be released to a third party, other than under circumstances described above or to a staff member with a legitimate educational interest in the information, unless you give written consent for the release.

Successful counseling occurs when the student, counselor, parent, and teacher work effectively as a team. The benefits of counseling are accompanied by risks. While positive growth and resolution of personal issues is the goal of counseling, working through personal issues can be an uncomfortable process. There may be times "things seem to get worse before they get better". If you should notice a change in your child that is of concern to you please contact

\_\_\_\_\_.

By signing this form, you provide informed consent for your child to participate in individual counseling.

*I understand that anything my child shares in counseling will be kept confidential by the counselor except in the above-stated circumstances.*

Parent \_\_\_\_\_ Date \_\_\_\_\_