CONSENT FOR SCHOOL BASED COUNSELING SERVICES

What to expect:

The purpose of meeting with a therapist is to get help with problems in your life that are bothering you or that are keeping you from being successful in some areas of your life. You may be here because you want to talk to someone about these problems. Or, you may be here because your parent/guardian or someone in the Warren Hills school community feels you could benefit from speaking with a therapist.

- When we meet, I will ask questions, listen to you and we will work together to create a plan for improving on the areas of your life that may be causing difficulties.
- It is important that you feel comfortable talking to me about the issues that are bothering you, therefore we will work together to build a trusting therapeutic relationship.
- There could be times where you may feel uncomfortable talking about your feelings, experiencing this is a normal reaction to the therapeutic process. We will work together to explore those feelings at a pace you are comfortable with.
- Privacy, also called confidentiality is an important and necessary part of counseling. As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information. There are some situations, where I am required by law as a mandated reporter to disclose certain information whether or not I have your permission.

Limits of confidentiality:

- You tell me you plan to cause serious harm to yourself, and I believe you may have the intent and ability to do it.
- You tell me you plan to cause serious harm to someone else who can be identified, and I believe you may have the intent and ability to do it.
• You are doing things that could cause serious harm to you or someone else, even if you do not intend to harm yourself or another person.

• You tell me you are being abused-physically, sexually or emotionally, or neglected or abandoned. In this situation, I am required by law to report this to DCP&P (Division of Child Protection and Permanency).

**Communicating with your parent(s) or guardian(s):**

• I will not tell your parent or guardian specific things you share with me in our private therapy sessions. This includes things that you are not currently comfortable with your parent knowing.

• When meeting with or talking to your parent or guardian, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

• Even if I agreed to keep information confidential, I may believe that it is important for your parent or guardian to know what is going on in your life. In these situations, I will encourage you to tell your parent/guardian and will help you find the best way to tell them.

**Communicating with other adults:**

• **School:** For safety purposes, the school has the right to know where their students are at all times. School Based will share with the school who is in counseling and when as needed. We will not share the purpose or details of counseling. We will however listen to information provided by the school staff.

• **Doctors & therapists:** Sometimes your doctor and I may need to work together, for example, if you need to take medication in addition to seeing a therapist, I will get your permission and permission from your parent/guardian in advance to exchange information with your doctor.

• **Community resources:** There may be a need to connect you with additional resources for support that can not be provided through School Based. If this is the case, we will need a release of information signed by you (age 14 or above) and your parent/guardian to refer you for services.

I have reviewed the above information and have been offered a copy.

_________________________________________________________  ______________________________________________________
Signature of student                                              Signature of parent/guardian

_________________________________________________________
Date