



Santa Fe High School

16000 Highway 6
P. O. Box 370
Santa Fe, Texas 77510
(409) 927-3100



Wellness Center Consent Form

Updated: 08/08/2023

Consent for Counseling of Minor

I (parent/legal guardian)_____ give my consent for the Santa Fe Wellness Counselors to conduct counseling and/or group counseling with (student name) _____, Grade_____.

My relationship to the client (parent, uncle, grandparent, legal guardian etc.) _____.

I have been informed of the limitations of confidentiality in the Policies and General Information Agreement for Counseling Services Form, which I have read and signed. In the case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept the Wellness Counselor's judgement in regard to releasing or sharing information obtained during the course of counseling with the minor that may harm or jeopardize the student's wellbeing.

By signing below, I confirm that I am legally authorized to give consent for counseling for the above-named student.

Parent/Guardian Name (print) _____ Signature_____ Date _____.

Student Cell _____ Student Email _____

Parent/Guardian Phone _____ Parent Email _____

Please fill out and sign both sides and return to the SFHS Wellness Center at SFHS
SFHS Wellness Center
409-927-3166

Policies and General Information Agreement for Counseling Services

CONFIDENTIALITY: All information disclosed within sessions, and the written records pertaining to those sessions are confidential and may not be revealed to anyone without written permission except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: Some of the circumstances where disclosure is required, or may be required, by law include; (a) if there is a reasonable suspicion of child, dependent, or elder abuse or neglect; (b) if a student presents a danger to self, to others, to property; or (c) if a student's family member communicates that the student presents a danger to self or others. Disclosure may also be required pursuant to a legal proceeding by, or against, the student. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the counseling records and/or testimony by the Wellness Counselors. The Wellness Counselors will use their clinical judgement when revealing such information. The Wellness Counselors will not release records to any outside unless they are authorized to do so.

THE PROCESS OF COUNSELING/EVALUATING AND SCOPE OF PRACTICE:

Participation in counseling may result in a number of benefits, including improving interpersonal relationships and resolution of the specific concerns that led to seek counseling. Working toward these benefits, however, requires effort on all parties involved. Counseling requires active involvement, honesty, and openness in order to encourage change of thoughts, feelings and/or behavior. The Wellness Counselors will ask for feedback and views on counseling, its progress, and other aspects of the counseling and will expect open and honest response. Sometimes more than one approach may be helpful while working through a specific situation. During evaluation or counseling, remembering or talking about unpleasant events, feelings, or thoughts may result in experiencing feelings of anger, depression, fear, anxiety, etc. The Wellness Counselors will work with the student to provide a plan of action and goals. The student will work closely with their wellness counselor to achieve their personal goals. The Wellness Counselors are trained in and utilize evidence-based therapy techniques. If specific techniques are assessed to be beneficial to treatment such as ART (Accelerated Resolution therapy) or EMDR (Eye Movement Desensitization and Reprocessing) a separate informed consent form will be necessary. The student will also have access to the calming room located inside the Wellness Center. The time spent in the calming room will be monitored as to not impact the student's schoolwork, attendance and grades. The student will use their established coping skills while using the calming room.

Counseling services will be provided during school hours and the student will receive an excused absence for the class period(s) missed, however the student is responsible for any missed work and communication with the teacher(s).

The Wellness Counselors cannot provide custody evaluation recommendation, medication prescription recommendation, or legal advice; as these activities do not fall within their scope of practice.

I have read the above Policies and General Information Agreement for Counseling Services carefully; I understand them and agree to comply with them:

Guardian's Name (print) _____

Signature _____ Date _____

Secondary Guardian's Name (print) (If applicable) _____

Signature _____ Date _____