

Grossman Family Counseling Center
Consent for Psychological Services for a Minor

Student's Name:	
School:	
Date of Birth:	Grade:
Parent/Guardian Name(s):	
Relationship to Minor:	
Phone:	
Email:	
Confidentiality The understanding is that all information shared during counseling sessions will be kept confidential, except in the following situations: - If it is determined that the client is in immediate danger to themselves or others, their mental health provider may have a duty to warn or protect those who may be at risk. - If it is suspected that child abuse, elder abuse, or dependent adult abuse is occurring, the client's mental health provider is required by law to report this to the appropriate authorities. - If a release of information form is signed, their mental health provider may share information with other healthcare providers, family members, or other individuals at their request. It is understood that the client's mental health provider may consult with other healthcare professionals or supervisors to provide the best possible care to the client.	
CONSENT FOR SERVICES I, parent/guardian, give permission for my child to participate in the following services provided by the Grossman Family Counseling Center: Individual Counseling Short-term, solution-focused counseling sessions addressing emotional, behavioral, or academic concerns. Assessments and Evaluations This may include, but not limited to: ● Cognitive assessments (e.g., intellectual functioning) ● Social-emotional assessments ● Behavioral assessments ● Psychological assessments ● Personality measures ● Academic screening tools Drug and Alcohol Screening/Testing (Urine testing and breath testing) Screening or testing may be conducted when there is a concern regarding substance use, in accordance with school policy.	

Limits of Counseling Services

It is understood that counseling is not a substitute for medical or psychiatric treatment, and the client's mental health provider in the Grossman Family Counseling Center is not a medical doctor or psychiatrist. If their mental health provider believes that the client needs medical or psychiatric treatment, the mental health provider may refer them to a medical doctor or psychiatrist.

The understanding is that counseling is not a guarantee of specific results or outcomes and that the client is responsible for their own progress and success in counseling.

Risks and Benefits

Counseling may involve discussing unpleasant or difficult topics, and that the client may experience uncomfortable emotions during counseling sessions. However, the client also understands that counseling may help them improve their coping skills, develop stronger relationships, and achieve their goals.

Counseling Services

I understand that this consent will allow _____ to engage in psychological services. Counseling services may include individual or group therapy sessions.

The purpose of counseling is to address the client's mental, emotional, and behavioral concerns, and to help them develop strategies to manage their symptoms and improve their overall well-being.

X _____
Signature of Consenting Parent/Guardian

Date

X _____
Signature of Student

Date