School Based Counseling Informed Consent Form

Introduction of Services: Monroe Health Center through our School Based Wellness Centers are committed to providing quality services to all members of our communities. The aim of the school based counseling services is to help students experiencing difficulties in their social, academic, and/or home lives. Possible counseling topics include coping with changes, self-esteem, friendships and relationship issues, stress management, fears, worries, anxiety, conflict resolution, anger management, depression, academic difficulties.

Confidentiality: As the foundation for counseling is built upon a trusting relationship between the patient and the counselor, all school based mental health providers will keep all information confidential. Per West Virginia State Law anyone under the age of 18 cannot consent to mental health treatment without consent from a legal guardian. Prior to the initial counseling sessions with a student a parent / legal guardian will be contacted to provide verbal consent in addition to signed consent. In addition, when seeking verbal consent, the mental health provider will ask to speak with the parent / legal guardian to gain pertinent background information (such as presenting problems, medical history, social history, academic history, social history). School based mental health providers may share information with the student's parent or legal guardian at any time throughout the course of counseling services. In fact, parental involvement is strongly encouraged in order to have the best prognosis and outcomes for the student.

School based mental health counselors are required by law to share information with others under the following circumstances 1. Patient presents information about hurting oneself or another person. 2. Evidence or disclosure of abuse (physical, emotional, and/or sexually) or neglect. 3. Threats to school security / safety.

Contact: If you have further questions about the information on this form, the counseling relationship, the counseling techniques used by the mental health providers, wish to refer your child for counseling, or any other questions please contact your school's Wellness Center:

Mt. View Wellness Center	**Peterstown Wellness Center**	**James Monroe Wellness Center**
304-772-4580	304-753-6960	304-753-5940

COMPLETE AND RETURN CONSENT ONLY IF YOU DESIRE COUNSELING SERVICES FOR YOUR CHILD

Student Name: _____

Grade/ Homeroom Teacher: _____

Parent / Guardian Contact Number: _____

I, _____, as legal custodial parent/legal guardian of

_____, do hereby give my consent for MHC to
(Name of Child)

Provide counseling to my child. Treatment may consist of assessment, psychological testing, individual and/or group counseling and collaboration with primary care provider. I understand that, as long as my child is under the age of 18 I may discuss my child's status and any recommendations which MHC may have. I further understand that my signature does not imply authorization to release information and that I have the right to revoke this consent at any time.

Parent/ Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____