



School Counseling: Informed Consent

Trinity Christian Academy offers individual counseling to students. Parents/guardians or school staff may refer students for counseling, or students may request counseling. For counseling that extends beyond two sessions in a school year or that is planned on a regular basis, parent/guardian permission is to be obtained. **I understand that these services are not intended as a substitute for treatment and diagnosis for any mental health disorder and acknowledge that it is my responsibility to determine whether additional or different services are necessary for my child.**

What to expect:

The purpose of meeting with a counselor/therapist is to get assistance with issues that are interfering with your ability to be successful in important areas of your life. You may be here because you personally wanted to talk to a counselor or because an important adult in your life (i.e., parent, guardian, teacher, or doctor) thought it would be beneficial for you to meet with a counselor. When we meet, we will discuss these issues at your comfort level and work together to develop strategies to help decrease the frequency and intensity in which these issues impact your life.

For most people, knowing that what they share with the counselor is deemed confidential (private) allows for the individual to feel more comfortable and to build trust with the counselor. The school counselor will keep information confidential, with some possible exceptions. Because these services are provided to minor children in the school setting, I understand that the school counselor may share information with the minor's parents/guardians, teacher, medical professionals, pastoral staff and/or administrators on a need to know basis and only if consultation will better assist the child in overcoming issues being addressed. There are a few exceptions to keeping information shared confidential (private); and are required by law for the counselor to disclose. Those exceptions are listed below:

- The counselor is required by law to share with parents or others in the event the child is in danger of harm to self or others.
 - You tell me you plan to cause serious harm or death to yourself and I believe you have the intent and ability to carry out this threat in the very near future.
 - You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future.
 - 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. In these situations, I will need to use my professional judgement to decide whether a parent or guardian should be informed.
 - You tell me you are being abused-physically, sexually, or emotionally or that you have been abused in the past. In this situation, I am required by law to report the abuse to the Florida Department of Social Services.
 - You are involved in a court case and the court mandates disclosure of information about your counseling. I will not disclose information without your written consent unless the court mandates me to. I will do all I can within the law to protect your confidentiality, and if I'm required to disclose information to the court I will inform you.
- The counselor will make the child aware, in an age appropriate manner, of these limits to confidentiality and will inform the child when sharing information with others.

Child's name: _____
First Last

Child's Grade: _____

I, _____, am the legal parent/guardian of _____. I have read, understand, and agree to the term of the School Counseling Informed Consent form.

Please Check one:

☐ I give permission for my child to receive school counseling services at Trinity Christian Academy for the 2022-2023 school years.

I understand that I can withdraw my consent at any time by signing and dating a written note requesting termination of counseling services.

☐ I choose to decline school counseling services for my child at this time. I understand that I may request services at a later date if needed.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Minor's Signature _____ Date: _____

Confidentiality Commitment

All information disclosed to your counselor will be kept in strict confidence. However, persons receiving counseling can expect confidentiality to be modified in the following situations:

1. When the personal safety of the counselee or another individual is an issue.
2. When any form of child abuse (physical, sexual, or any other) or child neglect is disclosed to or suspected by your counselor.
3. When and if disclosure is required by a court of law.

By my signature, I affirm that I have read and do understand the above statements:

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Minor's Signature _____ Date: _____

