**Parental Consent for Counseling Services with**

**Minor Student**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This document contains important information about the services offered by the Student Counseling Center at Lewis-Clark State College. This consent shall constitute a “blanket consent” within the meaning of I.C. § 32-1015.4(a) and no further consent is required to authorize such services. By signing this consent, you attest that you are the parent, guardian, or other person legally authorized by Idaho law to consent for health care services for the Minor Patient (referred to as “client”) pursuant to Idaho Code § 32-1015.2.

**Overview**

The Student Counseling Center (SCC) at Lewis-Clark State College provides free, confidential counseling services to currently enrolled students.This includes counseling, psychological evaluation, and possible diagnosis when warranted. The providers at the LC State Student Counseling Center are licensed professionals consisting of master’s and doctoral level psychologists, counselors, and social workers. Our staff also include counseling and social work graduate trainees who are completing a graduate degree in their respective field. Trainee staff are supervised by an SCC senior staff member. Services are provided in a professional manner in adherence with state law and the professional code of ethics adopted by a provider’s respective state licensing board.

**Benefits and Risks of Counseling and Assessment**

Counseling may include benefits for students such as improved ability to relate to others, a clearer understanding of self, values and/or goals, increased academic productivity, and an improved ability to cope with everyday stress. While benefits are expected from the counseling process, there may be periods of increased discomfort or distress, which may affect relationships, jobs, and/or understanding of oneself. It is impossible to predict the extent to which one might experience these changes. Your student and their provider will work together to maximize the benefits of the counseling process.

Benefits of assessment may include but not be limited to a clearer understanding of self, values and/or goals, strengths and limitations weaknesses, increased academic productivity and strategies to maximize potential. Although benefits are expected from the assessment process, it is impossible to predict the outcome of the assessment and participation in assessment does not guarantee results. It is possible that a client will not receive the diagnosis they are seeking or may receive a diagnosis they are not expecting. It is also possible that we will not offer a specific diagnosis, or the assessment may provide inconclusive results. Your student and their provider will work together to maximize the benefits of this process.

**Confidentiality**

In compliance with applicable federal laws and regulations, including FERPA and Idaho state statutes, all the information obtained during counseling sessions will be kept confidential as required by law. Information gathered during a counseling session will not be revealed to anyone outside of the counseling center without proper consent except in the following situations where disclosure is required by law:

* Where there is reasonable suspicion or report of abuse to vulnerable populations, including children, elderly persons, and individuals who are unable to advocate for themselves.
* Where one presents serious and foreseeable harm to oneself or others.
  + In rare circumstances where the college receives notice concerning behavior that could put a student’s welfare or the safety of others at risk, the Student Counseling Center may disclose to the campus Behavior Response Team (BRT) information about the student’s counseling appointment-attendance history and information pertinent to personal or campus safety but would not include other specific confidential counseling information.
* If LC State SCC receives a subpoena or court order as part of a legal proceeding
* In specific cases of law enforcement emergency for national security issues

**Assent for Minors**

Generally, your student’s counselor will not include you in services or report student information without the students’ knowledge. If the counselor believes there is something that you, as parents/guardians should know, they will encourage the student to tell you and together will address ways for students to do so. There may be circumstances where students and the counselor agree to conduct a conjoint session with parents/caregivers, in which case, the counselor will assist in the scheduling of that appointment to address and communicate with parents/guardians.

**Parent Consent**

By signing this document, I grant permission for my student to receive free, mental health and counseling services from the LC State Student Counseling Center (SCC). I also consent to have my student work with any member of the SCC clinical team for purposes pertaining to counseling and psychological evaluation, diagnosis, and counseling services. I understand that diagnostic services including psychological and mental health assessment and screening instruments may be used in counseling services. I also understand that referral to other health services may be advised by our staff in some cases.

In granting this authorization, I also give permission to the SCC clinicians and staff to:

* Provide services via telehealth modalities as requested and appropriate;
* Refer to my student by the names, pronouns, and titles they request;
* Communicate with my child via email or phone when needed to facilitate scheduling of appointments;
* Facilitate the safe storage and/or disposal of any items, which may be in the possession of my child that causes them to feel unsafe or at risk of harming themselves (knive’s, pills, sharps, etc.);
* Refer my child to receive other SCC Peer Support services and other campus supports designed to assist in personal and academic success as needed;
* Treat all records as confidential in accordance with the Family Educational Rights and Privacy Act (FERPA) and applicable Idaho State law and will seek student persmission prior to dislosing information or releasing records except for emergency or other situations indicated by applicable law and standards for the provision of mental health counseling and psychological services.

I have read, understand, and agree to the foregoing, and I understand and acknowledge that the Student Counseling Center and/or its counselors will provide services in reliance on this consent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number Relationship to Minor Student