

CENTER POINT
Lyman Hall Elementary
Consent for Treatment of a Minor Child

Student Name _____ **Parent/Guardian** _____

Student School _____ **Student Counselor** _____

Student's Home Address _____

Student's DOB _____ **Age** _____ **Grade** _____

Current Medications _____

Current Medical Conditions _____

I certify that I am the _____ parent or _____ legal guardian of the above named child. If the student is under the age of eighteen or unable to consent to treatment, I attest that I have legal custody of this individual and am authorized to initiate and consent for treatment and /or legally authorized to initiate and consent to treatment on behalf of this individual. (Initial) _____

I have the legal authority and give permission for the above named child to receive outpatient counseling services from Wilheit Student Services. (Initial) _____

I, _____ (parent/guardian on behalf of child), agree and consent to my child's participation in behavioral health care services offered and provided by Wilheit Student Services, a behavioral health provider.

The School System has access to master's level interns from various Georgia state colleges and universities to provide counseling services to students. A Licensed Clinical Social Work Therapist supervises the interns with Center Point. I understand that I am consenting and agreeing only to those services that the above named provider is qualified to provide within: (1) the scope of the provider's license, certification, and training; or (2) the scope of license, certification, and training of the behavioral health care providers directly supervising the services received by the student. (Initial) _____

Any information shared with Wilheit Student Services interns is confidential. Such information will not be released to anyone, including other agencies, without your written consent. However, we cannot keep reports of sexual abuse, physical abuse, or neglect in confidence. Georgia State Law requires that all reports of abuse must be reported to the Department of Family and Children Services. This includes any new reports of abuse that come out during treatment as well

as situations when interns are given information that someone is in imminent danger. The report will be made by the intern to appropriate school officials so that they can make the necessary legal reports or reports may be made by Wilheit Student Services to the appropriate agency.

In addition to the clients' rights and therapist's expectations, I understand that information provided to my child's therapist is confidential, unless I authorize release of such information with a signed consent form, or HIPAA Law requires release of certain information.

I understand that my child's therapist is legally mandated to report the following situations to the proper authority should they be disclosed in the course of therapy and that, should these be disclosed, mandated reporting supersedes confidentiality.

- Client is homicidal
- Client is suicidal
- In case of a medical emergency
- Client, if underage, reports that they have been or are being physically or sexually abused
- If the therapist is ordered by the court to testify or produce their records
- Client, if underage, reports an incidence(s) of statutory rape

I understand that the specific content of sessions between my child and his/her therapist will remain confidential so that my child may develop a trusting relationship with his/her therapist. (Initial) _____

I authorize Center Point to obtain from/disclose to my child's teacher(s) and school counselor any information needed to collaborate to improve my child's behavior in the classroom and/or academic functioning. (Initial) _____

You have the right to ask questions about any procedures or information related to the counseling process and you have the right to end treatment at any time.

In order to secure funding to provide free counseling services, Center Point is required to report client income and basic household information pertaining to the number of people in residence. The collection of this information is necessary in order to receive services. In the space allotted below, please indicate your annual gross household income and the number of people living in your household. No personally identifiable information will attached to this data.

Annual Gross Household Income _____

Number of People Living in Household _____

Name (Please print) _____

Signature _____ Date _____