



Mental Health Services Informed Consent Form

Introduction

Orangeburg County School District is committed to providing quality education to its students. In an effort to achieve this goal, parents/guardians or school staff may refer students for counseling, or students may request counseling. The focus of the counseling program is to help students better understand the world they live in and make better decisions that help them live functional lives. There is no cost for counseling services.

Provisions of Services

It is the policy of Orangeburg County School District Mental Health and Social Work Services, to obtain parent/guardian written permission for individual counseling. Services include intake assessment, short-term individual counseling, crisis intervention, group counseling, and referrals as needed.

Understanding of Services for Parents/Legal Guardians

As parent or legal guardian, I understand that school counseling services are aimed at more effective psychoeducation and socialization of my child within the school community. I understand that these services are not intended as a substitute for psychological counseling, diagnosis, or medication, which are not the responsibility of the school. I acknowledge that it is my responsibility to determine whether additional or different services are necessary and whether to seek them for my child.

Benefits

As parent or legal guardian, I understand that there may be both risks and benefits associated with participation in school-based counseling. School-based counseling may improve my child's ability to relate with others, provide a clearer understanding of himself/herself, along with values, goals, and the ability to deal with everyday stress. I understand that counseling may also lead to unanticipated feelings and change, which might have an unexpected impact on my child and his/her relationships.

Confidentiality

In order to build trust with the child, the school counselor will keep information confidential with some possible exceptions. I understand that the counselor may share information with parents/guardians, the student's teacher, and/or administrators or school personnel who work with the child on a need to know basis, so that we may better assist the child as a team. The counselor is required by law to share information with parents or others in certain circumstances:

- Presenting a serious danger to self or another person
- Evidence or disclosure of abuse (physically or sexually) or neglect
- Threats to school security
- Criminal or delinquency proceedings are pending

The counselor will make the student aware of these limits of confidentiality and will inform the child when sharing information with others. If you would like the counselor to share information with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician, you will need to sign an additional release of information form.

Contact

I understand that I am entitled to ask questions and receive information about methods or techniques used by the counselor and the length of counseling. I am free to seek a second opinion or end counseling at any time.

I understand that this consent is voluntary on my part and may be revoked at any time. If I later revoke consent, the revocation is not retroactive (i.e., it does not negate an action that occurred after the consent was given and before the consent was revoked).

Child's Name _____

I, _____, am the legal parent/guardian of _____.
I have read, understand, and agree to the terms of the Mental Health Services Informed Consent.

Please check one:

____ I give permission for my child to receive individual and/or group counseling services while attending an Orangeburg County School District.
(If your child is invited to join a recurring group, you will receive additional information at that time.)

I understand that I may 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 counseling services at a later date if needed.

Custodial Parent/Guardian Signature _____ Date _____

Phone: Daytime phone _____ Cell phone _____

Email _____