



## Informed Consent for Individual & Group Counseling

### Richland Elementary

Parent-Guardian of \_\_\_\_\_,

You are receiving a School Counseling Informed Consent form because a referral for counseling services was submitted by a ☐ parent-guardian, ☐ student, or ☐ recommended by a teacher/counselor this school year.

Your consent is required because the School Counselors support or intervention will include the following:

- ☐ Individual Counseling
- ☐ Group Counseling
- ☐ Other (specify):

**Provision of Services:** Counseling Services are provided by a licensed School Counselor and/or school counselor intern, who are permitted to provide Counseling Services under Tennessee law, during the regular school hours. Counseling Services may include formal short-term individual counseling or group counseling sessions, which are typically provided at a regularly scheduled interval. Counseling Services may also include services such as intake assessments, student surveys, crisis-intervention, and community referrals as needed. Counseling Services may also include ongoing consultation with staff members to develop/implement academic, behavioral, social-emotional strategies or programming to support students. It is understood that school counseling services are not intended as a substitute for psychological counseling, diagnosis, medication, or treatment for any mental health disorder, which are not provided by the school counselor.

**Confidentiality:** All records regarding a student's session are kept confidential except as required by law which include 1) students' threat to themselves, others or property, 2) unreported sexual or physical abuse of a minor, 3) court order subpoena for counseling records. The school counselor may share information with the child's teacher, administrators or school personnel if necessary for the student's well-being and to support the student's success, in accordance with the Family Educational Rights and Privacy Act (FERPA). If you would like the school counselor to share information with a third party, such as a

community counselor, psychiatrist, social services or pediatrician, a signed release of information is needed.

**Discontinuation of Services:** A student's participation in counseling is voluntary, and you may withdraw your consent in writing by the parent-guardian (or by an eligible student) at any time. It is understood that it is the parent-guardians' responsibility to determine if additional or different services are necessary for their child. The school counselor also has the right to discontinue counseling services under certain conditions and will inform the parent-guardian of the decision, if needed.

**Consent for Counseling Services:**

☐ I have read and understand the terms of the School Counseling Informed Consent form.

Please check one:

☐ I give permission for my child to receive counseling service(s) designated above by the School Counselor. I understand that I will receive additional information and will be kept informed about my child's progress.

☐ I do not give permission for my child to participate in counseling. I understand that I have declined services and may request them later.

**Parent-Guardian**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

If you have any questions about this form, the counseling relationship, or your child's progress please contact your School Counselor.

**Richland School Counselors' Contact Info:**

Grades 3-5: Dr. Alecia Duke -

phone: 901 416-2148 ext. 60733 / email: [dukear@scsk12.org](mailto:dukear@scsk12.org)

Grades K-2: Lauren Wingate -

Phone: 901-416-2148 ext. 61056 / email: [wingatel@scsk12.org](mailto:wingatel@scsk12.org)

