INFORMED CONSENT & CONSENT FOR RELEASE OF INFORMATION FOR COUNSELING SERVICES

Please read and fill out the following information. Make sure ALL blanks on this form are completed. Sign only if you believe the release of this information is in your best interest. Failure to sign this consent will not jeopardize your right to receive services that are not applicable to this release. Failure to sign this consent may result in our ability to determine eligibility for services or compliance with federal and/or state participation requirements.

(Student Name) (Student Date of Birth) (Grade)

(Address) (City) (State)

Introduction

Welcome to Counseling Services at Voyage Academy in Clinton, Utah. This informed consent document is intended to give you general information about our counseling services. This is a legal document; please read it carefully before signing. If you have any questions about signing this document and/or would like a copy of this document please ask your counselor.

Eligibility

I understand that eligibility for services is contingent upon my status as an enrolled student at Voyage Academy.

Provision of Services

I understand that Voyage Academy offers some clinical services to students, as deemed necessary, including: assessment, short term individual counseling, crisis intervention, group counseling, psycho-educational groups, and referrals. During the initial assessment, my counselor and I will work together to determine how best to serve my needs. I further understand that appropriate referrals will be provided to me if it is determined that I would be best served by a community resource.

Nature of Counseling

I understand that there may be both risks and benefits associated with participation in counseling. Counseling may improve my ability to relate to others, provide a clearer understanding of myself, my values, my goals, and an ability to deal with everyday stressors. It is essential that you discuss any questions or discomfort you might have with your counselor about services offered.

Counseling Staff

Voyage Academy is staffed with a Licensed Clinical Social Worker.

Confidentiality

I understand that the Voyage Academy counselor maintains confidentiality in accordance with the ethical guidelines and legal requirements of their profession. Effective counseling sometimes requires that staff members share confidential information with other staff members.

I understand that no records or information about me will be released from Voyage Academy without my permission, **except under certain circumstances:**

- If I present a serious danger to myself or another person.
- If I was abused (physically or sexually) or neglected as a child, and if other minor children are currently at risk of being abused or neglected by the person(s) who abused me.
- If I am under 18 years of age and disclose abuse or neglect to my counselor.
- If Voyage Academy learns that an elderly person, dependent adult, or minor child is being abused or neglected.
- If I have physically or sexually abused a minor child and that child or other minor children are at risk of ongoing abuse.

- If a valid subpoena is issued for my records, or my records are otherwise subject to a court order or other legal process requiring disclosure.

Records

Your records are stored electronically and include the information you/your legal guardian provided and information about any interactions (individual/group counseling, phone calls, consultation, emails, etc.) with the Voyage Academy Counselor.

Contacting Me/Legal Guardian

In order to keep my relationship with Voyage Academy confidential, the best way to contact me/my legal guardian should the need arise is noted below. I am aware that information exchanged over a cell phone and e-mail could be intercepted by an outside party.

Please check all that apply

◯ Okay to leave a message
- Yes
- No

◯ Cell Phone #:

◯ Residential Phone #:

◯ Work Phone #:

◯ Other Phone #:

◯ Email Address:

Consent and Release of Information

LIMITATIONS: I hereby authorize Voyage Academy Counseling Services to (please circle all that apply):
disclose to --obtain from **OR** --exchange with Voyage Academy Administrative Staff and/or Emergency Staff the following information: --Treatment Summary --Attendance --Mental Status Exam
--School Records (please specify) Progress OR Entire Record --Prognosis --Discharge Summary
--Other
For the time period beginning_____through_____
**The purpose for this disclosure is for communication between above listed departments, continuity of care, or academic achievement

REVOCATION AND CONSENT:
Upon fulfillment of the above stated purpose(s) this consent will automatically expire without express revocation, unless otherwise specified as follows: _____ **(Valid for a maximum of one (1) year)**

I understand that I may revoke this consent to release information at any time by written notice, except when legal action prevents revocation (probation, court confinement, court ordered). However, any release made in good faith prior to receipt of revocation, shall be deemed valid. I also understand that information disclosed by this consent cannot be released to anyone else unless I give written permission.

I certify that I have read, understand, and agree to abide by the information outlined above regarding my eligibility and use of Voyage Academy Counseling Services. I hereby give my consent to authorize Voyage Academy Counseling Services to evaluate, treat, and/or refer me to others as needed. I have had the opportunity to discuss any questions regarding the above information.

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Counselor Signature Date