Parent/Legal Guardian Consent for Psychological Treatment of a Minor at the University of Central Missouri Counseling Center

This document is to obtain your consent for psychological treatment of your minor student at the University of Central Missouri Counseling Center. It also describes some special features of confidentiality given that your student is currently a minor.

As the parent/legal guardian of a minor student, you should be aware that the law allows you to access information about your child’s treatment and to examine your child’s treatment records.

However, the Counseling Center requests that you allow the information shared by your student to remain confidential between the student and the Counseling Center except for the limits to confidentiality described in the Psychologist-Client Services Agreement.

One of the Counseling Center psychologists will have discussed these considerations with you prior to your being asked to sign this document.

Your signature below indicates:
- You have received a copy of the Counseling Center’s HIPAA Privacy Notice.
- You have received a copy of the Psychologist-Client Services Agreement.
- You have read and agreed to the terms of this document as well as the two documents listed above.
- You provide your consent for the treatment of your minor student.

And (please check only one of the following three boxes):

- You agree that your student’s treatment information will be confidential between the Counseling Center and the student with the exceptions discussed in the Psychologist-Client Services Agreement.

- You wish to know the following information from your student’s treatment at the Counseling Center in addition to the exceptions discussed in the Psychologist-Client Services Agreement:

- You do not want your student’s treatment information to be kept confidential between the Counseling Center and student. You want any information you request to be shared with you.
If you checked the second or third option, when you wish to receive information you will need to initiate contact with the Counseling Center by calling 660-543-4060.

This agreement shall remain in effect until your student is eighteen years of age. You have the right to revoke this agreement, in writing, at any time by sending such written notification to the Counseling Center.

At least one parent/legal guardian must complete this form.

____________________________________________  ________________  
Signature of parent/legal guardian 1     Date

____________________________________________  _____________________  
Print name of parent/legal guardian 1    Relationship to student

____________________________________________  ________________  
Signature of parent/legal guardian 2     Date

____________________________________________  _____________________  
Print name of parent/legal guardian 2    Relationship to student

Student: I acknowledge that I have read this agreement and am aware that my parents/legal guardians must provide consent for my treatment. I am also aware of the limitations of confidentiality as established in this agreement.

____________________________________________  ________________  
Signature of student under age of 18     Date

____________________________________________  _____________________  
Print name of student under age of 18

UCM Counseling Center, Humphreys 131, Warrensburg, MO 64093
Phone: 660-543-4060   Fax: 660-543-8277

Revised 3/1215