

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

This document is to obtain your consent for the University of Central Missouri Counseling Center to provide services to your minor student. 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 access to your child's Counseling Center records and information.

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 Clinician-Client Services Agreement.

One of the Counseling Center clinicians 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 Clinician-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 your minor student to receive services from the Counseling Center.

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

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

- You wish to know the following information about your student in addition to the exceptions discussed in the Clinician-Client Services Agreement:

- You do not want your student's clinical 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 contact 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 me to receive services at the Counseling Center. 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 9/5/17