



## UCF COUNSELING AND PSYCHOLOGICAL SERVICES

### PARENT/GUARDIAN CONSENT FOR COUNSELING

Your son or daughter is requesting counseling services at the UCF Counseling Center. Because (s)he is under 18 years of age, parent/guardian consent is necessary for her/him to receive counseling and psychological services. The purpose of this form is to inform you about the counseling process and your child's rights and responsibilities regarding clinical services.

Counseling services at the UCF Counseling Center are covered by your child's tuition and student health fee, so no additional payment is necessary for our services. The process for arranging counseling involves your child scheduling an appointment to meet with a counselor. Before the appointment, your child will be asked to complete forms. The forms (s)he will be asked to complete are extensive, but provide the counselor with important information about your child's background. However, a counselor-client relationship is not created until your child has visited with a counselor in person.

Your child's first meeting with one of our counselors will be an initial assessment. In the initial assessment, the counselor will help your child clarify her/his concerns and discuss services that are most likely to be helpful. The UCF Counseling Center offers a variety of services, including individual, couples, group, and career counseling, as well as crisis intervention, referral assistance, workshops, and psychoeducational presentations. Many issues can be addressed within the short term counseling provided in our center and/or additional services offered by the Counseling Center and other UCF offices. If at any time the counselor determines other services are better suited to your child's needs, our Center will assist your child in setting up services with appropriate off-campus providers.

#### **CONFIDENTIALITY**

All Counseling Center staff members adhere to strict confidentiality standards in accordance with Florida Law. While your child is a minor, you have rights to discuss your child's counseling with her/his counselor. After your child becomes 18, you can have her/him give the counselor written permission to allow two-way communication between you and the counselor. If your child does not sign such a release at that time, you can communicate information to the counselor, but the counselor will not be able to confirm whether or not your child is continuing in counseling or talk to you about your child's counseling experience. Please note that although you have rights to your child's counseling information until they become 18, it is often in the best interest of college-age clients if their parent/guardian is only involved when requested by the client and/or counselor.

The Counseling Center staff will maintain confidentiality about the fact that your child is in counseling, the information your child discloses in counseling, and your child's counseling records. In an effort to provide your child with the best service, the counselor may share information about your child with other Counseling Center staff for consultation or supervision purposes. Additionally, to ensure the best care for your child in crisis situations, Counseling Center staff may share information about your child with ProtoCall Services Inc., an agency that provides after-hours counseling for UCF students as an extension of our services. ProtoCall Service providers adhere to similar confidentiality standards as those described in this section. If you or your child wants us to provide information about your child's counseling to people who are not on staff at the Counseling Center, Counseling Center staff will do so with written authorization. Until your child is 18 years old, your written permission is also necessary.

You should be aware that UCF Counseling Center staff may be required to disclose client information, even without consent, in the following situations:

- When doing so is necessary to protect your child or someone else from imminent physical and/or life-threatening harm.
- When a client lacks the capacity or refuses to care for him/herself and such lack of self care presents substantial threat to his or her well-being.
- When the abuse, neglect, or exploitation of a child, elder adult, or dependent adult is suspected.
  - Examples of abuse, neglect, or exploitation include, but are not limited to, violence towards a minor, a minor witnessing violence or being in the presence of violence, drug use in front of or while caring for a minor, or financial exploitation of an elder adult. Examples also include incidents of past abuse, including those described above, if the alleged perpetrator of abuse is currently in a caretaker capacity with or is still present in the home of a minor, elder adult, or dependent adult.
- When a client pursues civil or criminal legal action against the UCF Counseling Center or its staff or when a client makes a complaint to a Professional Board about a counselor.

- When a client is involved in a legal proceeding and there is a court order for the release of the client's records.
- In accordance with the Patriot Act, the Counseling Center may be required to disclose a client's mental health information to authorized federal officials, who are providing protective services to the President of the United States and other important officials or to authorized federal officials who are conducting national security and intelligence activities. By law, the Counseling Center cannot reveal to the client when we have disclosed such information to the government.

In addition, you should be aware of the following limits to confidentiality: 1) Information that you or your child allows us to exchange with other professionals outside of the Center or information you or your child might choose to provide to your counselor via e-mail, fax, or cordless phones cannot be guaranteed confidential. 2) Personal and confidential information is also stored on staff computers and a Counseling Center file server, which are protected by passwords and accessible only by the Counseling Center staff. Although rare and unexpected, it is possible that this information could be accessed illegally by others. 3) We carry out research to improve our services, and written information provided by your child may be used for this purpose. No identifying information will ever be used in reports resulting from such research.

Students should be aware that, under some circumstances, the Florida Bar, various federal agencies, and some other licensing bodies may require counseling records prior to taking the bar exam, being licensed, or being employed. If you or your child has any questions about confidentiality, please feel free to discuss these questions with the counselor.

### **BENEFITS AND RISKS**

Counseling has both benefits and risks. It is an active and cooperative effort involving both the client and the counselor. Counseling may result in better emotional and mental health and positive changes in behaviors and coping ability. However, through the normal process of counseling and discussing your child's personal concerns, your child may experience greater emotional distress at times. Your child also may find that the positive changes that (s)he makes may result in changes in the relationships in her/his life (e.g., developing new relationships, becoming closer or distant in relationships, or ending/losing relationships). If you or your child has any concerns about your child's progress or the results of her/his counseling, we encourage you or your child to discuss them with her/his counselor at any time. Please note that participating in counseling at the UCF Counseling Center may affect your child's eligibility to be a trainee or a research assistant within the UCF Counseling Center in the future.

### **THE COUNSELING CENTER IS A TRAINING FACILITY**

The Counseling Center is a training site and your child's counselor may be a pre-doctoral or pre-master's counselor in training. All counselors in training will inform your child of the name of their supervisor, who can be contacted through our front desk. In order to provide adequate supervision and training, professional staff and trainees may ask to video or audio record your child's counseling sessions. In these situations, further explanation about recording will be provided, and you and your child will be asked to give separate written consent before any recording occurs. Your and your child's decision about recording will not impact your child's ability to receive services, but might affect the timeliness with which (s)he receives services.

### **CLIENT RESPONSIBILITIES**

Clients are responsible for complying with their counselors' treatment recommendations. Services may be terminated if clients fail to comply.

Clients are expected to behave in a respectful manner toward all Counseling Center personnel. Failure to do so may also result in termination of services.

We ask that clients schedule their own appointments. If your child cannot attend an appointment, (s)he should call to cancel at least 24 hours in advance. If (s)he misses two individual counseling sessions without canceling, (s)he will be unable to schedule additional appointments at the Counseling Center for the remainder of that particular semester unless (s)he is in a crisis situation. The Center is available during regular office hours to **any** enrolled UCF student experiencing a crisis or psychological emergency, regardless of prior missed appointments.



## Parent/Guardian Consent for Counseling Signature Page

Please sign below to indicate agreement with the following.

I am the parent or legal guardian of \_\_\_\_\_  
Student's Name

I have received a copy of the UCF Counseling Center Parent/Guardian Consent for Counseling form. I have read and fully understand the information contained in this form. I hereby give my permission to the professional staff of the University of Central Florida Counseling Center to engage in counseling with my daughter/son.

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
Name of Parent/Legal Guardian  
(Print)

\_\_\_\_\_  
Signature of Parent/  
Legal Guardian

\_\_\_\_\_  
Date