



EDUCATING TODAY'S YOUTH
for tomorrow's discipleship.

Mental Health Consent Form

Mental health is directly correlated with a student's ability to learn and grow. Springfield Catholic School Systems partners with local mental health providers, including but limited to internships, to provide students with mental health support. This may consist of asking screening questions, offering group support, or brief individual support/counseling. Interns are advanced students who have completed several years of coursework and previous practicum field placements who are supervised by a licensed professional.

There is no cost to you or your student for participation in this program. It is offered as a free service through Springfield Catholic Schools System.

All documentation will be maintained in accordance with Missouri law and the ethical guidelines of the American Psychological Association. You may revoke this consent at any time. Participation in therapy is voluntary. Information disclosed during session and written records pertaining to those sessions are confidential and protected by law. The nature and process of therapy with children is that as a counselor we try to keep almost everything they talk about as confidential as possible so that way they have a safe outlet to discuss their feelings without judgement or punishments. However, there are limits to this confidentiality (discussed in more detail below). It can be helpful to have parents involved in the process of therapy. A counselor may discuss safety concerns with a parent or give a brief update on the

treatment, but a counselor may limit specific details discussed in therapy in order to establish rapport and build a therapeutic environment. It is up to the discretion of counselor and parent to decide and discuss how communication of the therapy will process on each individual basis. Verbal and written records will not be released to anyone without the written consent of the legal guardian or patient (if age 18 or older). The ethical responsibility of the provider limits confidentiality in these circumstances:

1. The student reveals information that presents an *immediate* risk of serious physical harm to themselves or another person
2. The student reports abuse or neglect of a child (including themselves or another child), disabled person, or elderly person
3. If a court order requires the release of the records

By signing this form, I have read, understood, and agree to the above terms and give my consent for my child to participate in psychological services.

If you have any questions or concerns, please feel free to call (417)-865-5567.

Student's name: _____ Grade: _____

Student's School: _____

Guardian's name: _____

Guardian's signature: _____ Date: _____