



## II. PRIVACY

### 1. Privacy

Information shared by a student will be kept in strict confidence. The Counseling Center creates and maintains records describing physical and mental health history, symptoms, diagnoses, treatment, and plans for future care or treatment. Most disclosures of private information would require parental permission. Because the professional staff operate as a team, we may confer with each other as professionally necessary to provide the best possible service to a student. Occasionally recording is done so that a counselor can review sessions to aid the counseling process. If a counselor audio or video records sessions, parental consent will be obtained. The recordings are confidential and erased after use. A student has the right to be recorded and students may decline to be recorded.

### 2. Disclosures that do not require a parent or student's permission

- **Child Abuse:** If, in our professional capacity, it comes to our attention that a child is abused/maltreated, we must report such abuse/maltreatment to Child Protective Services.
- **Emergency Situations:** We may use or disclose information about a student if we are unable to obtain parental consent yet emergency treatment is needed. If this happens, we will try to obtain parental consent as soon as we reasonably can after providing or arranging for treatment.
- **To Avoid Harm:** We may disclose information about a student to protect the student or others from a serious threat of harm by the student.
- **National Security:** We may be required, by federal law, to disclose information about a student to federal officials for intelligence and national security activities.
- **Release of Information to Parents or Guardians:** While your child is a minor, you have the right to discuss your child's counseling with her/his counselor. Once a student reaches the age of 18, he or she will be asked to complete a new consent as a legal adult. After your child turns 18, you can ask her/him to give the counselor written permission to allow two-way communication between yourself 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.
- **Lawsuits and Disputes:** We may disclose information about a student if we are ordered to do so by a court or administrative tribunal.

## III. THE STUDENT'S RESPONSIBILITIES

### 1. Participation

Active participation in the counseling process is necessary for progress to be made. It is important that student notifies the counselor if problems worsen.

### 2. Cancellations

It is the student's responsibility to keep scheduled appointments, unless rescheduled or cancelled **at least 24 hours in advance**. If we do not hear from a student within a week of a missed appointment, we may not be able to keep an appointment time open for that student. If a student repeatedly no-shows for appointments, we may no longer be able to provide the student with services and may need to refer the student to a provider in the community.

### 3. Feedback

The Counseling Center staff is interested in any positive or negative feedback, students may have regarding the services received. We periodically ask students to complete an anonymous evaluation asking for feedback about our services. If for any reason a student is not satisfied with the counseling process, we encourage that person to discuss this first with his or her counselor. If concerns are not

resolved to a student's satisfaction, the student may request an appointment with the Director or Associate Director to discuss possible reassignment or other counseling options.

Please sign below to indicate agreement with the following:

I am the parent or legal guardian of \_\_\_\_\_ .  
Student's Name (print)

I have received a copy of The Counseling Center at Buffalo State's consent form. I have read and fully understand the information contained in this consent form. I hereby give my permission to the professional staff of The Counseling Center to engage in counseling/psychotherapy/psychiatric evaluation and medication management as deemed appropriate 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

If my son/daughter agrees to recording of counseling, I give my consent. Please check \_\_\_ yes \_\_\_ no

*This form will be faxed, mailed or emailed to a parent. **Please return the form to The Counseling Center, Buffalo State College to the fax number, postal address, or at the email address on this form.** The counselor may also elect to verify parental consent upon receiving the signed consent form.*