



GENESEO

NEW YORK'S
PUBLIC HONORS COLLEGE

Department of Student Health and Counseling

Parental Consent for Treatment of a Minor SUNY GENESEO COUNSELING SERVICES

I hereby give consent for Counseling Services to provide individual counseling, group counseling, and/or psychiatric consultation to my minor child,

(name of student)

I understand that:

- My minor child has the right to refuse diagnostic or treatment services.
- Any specific information which my minor child shares in counseling will be treated with the strictest confidentiality. I also understand that there are important legally mandated exceptions to confidentiality. These include:
 - 1) notification of relevant others when a clinician judges that a client is in immediate danger to self or others, as for example, in the case of suicide or homicide;
 - 2) the clinician must report any incidence of suspected child abuse, neglect, or maltreatment in order to protect the children involved; and
 - 3) in legal cases, clinicians or clinical records may be subpoenaed by a judge.

Otherwise, I understand that confidential information will not be disclosed without my minor child's written authorization to do so.

Your name (printed)

Your relationship to student

Your Signature

Today's Date

Achieved Accreditation by



Health Services

Phone: 585.245.5736

Fax: 585.245.5744

Counseling Services

Phone: 585.245.5716

Fax: 585.245.5071

Health Promotion

Phone: 585.245.5747

Fax: 585.245.5744