



Robinson Community Unit School District #2

School Based Mental Health Services

Community Unit School District #2

204 W. Highland

Robinson, IL 62454

(618) 544-5837, ext. 102

Fax (618) 546-0168

Amber Ramsey, LPC

Consent for School Based Mental Health Services

I give permission for the student, _____, to receive services provided by the School-Based Mental Health Therapist, Amber Ramsey, LPC. I understand these services may include individual sessions, group sessions, and/or teacher consultation to enhance student success and well-being.

I understand that I may withdraw this consent at any time by signing and dating a written notice requesting termination of services.

Confidentiality

I understand that the information obtained during mental health services is kept strictly confidential. Confidential information is not disclosed without written consent, with the exception of the following circumstances:

1. The counselor believes the student is at risk for harming self or others.
2. Evidence or disclosure of abuse (physically, emotionally, and sexually) or neglect
3. Other release of information as required by law or school policy

In addition, the School-Based Therapist often works closely with school staff to promote student success in school. I understand and provide consent to have Amber Ramsey exchange information with school staff, solely for the purpose of aiding with this student's school adjustment and performance.

Contact

If you have further questions about the information on this form, the therapeutic relationship, the psychological techniques used by the therapist, or the length or timing of services, please contact the School-Based Therapist at (618) 544-5837.

This agreement, unless otherwise specified, is valid for one year from the date of signature.

I have read, understand, and agree to the terms of this agreement.

_____ Date _____

Student Signature (if age 12 or above)

_____ Date _____

Parent/Guardian Signature