



Psychological Services Informed Consent

D & A Counseling has been awarded a contract to provide psychological services for students within the Elgin Independent School District as a part of their federal grant. You have received this consent form because your student has been referred for services. Psychological services can include addressing issues related to depression, anxiety, adjustment, relationship issues and many more. The aim of these services is to address individual needs of students that might impact their performance in the classroom.

I understand that therapy or counseling is not easily described in general statements. It varies depending on the personalities of the psychologist/counselor and patient, and the particular problems I am experiencing. There are many different methods used to deal with the problems that you hope to address. I understand that psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of my life, I understand that I may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what I will experience.

I understand that my treatment and evaluation are confidential, but there are limits to this confidentiality. Confidential information may be disclosed/released under the following conditions:

- I give permission to **D & A Counseling** to release/disclose information.
- I have been judged by **D & A Counseling** to be a danger to myself and/others.
- In compliance with the laws of The State of Texas, related to the reporting of abuse, neglect, or exploitation.

I authorize **D & A Counseling** to consult with and discuss the results of my confidential evaluation and treatment with various school staff and teachers on an as needed basis only. I understand that **D & A Counseling** is billing Elgin ISD for services and that students and families are not responsible for services financially. I understand that **D & A Counseling** will be providing services during school hours and your student may be missing a class each week to participate. I understand that **D & A Counseling** provides therapeutic services to clients, and will not engage in any personal relationship with clients and their families outside of the professional relationship. I further understand that D & A Counseling will collect data and information to track the progress of the services provided to students. This information will always remain confidential if used in research or presentations.

Printed Name

Signature

Date

Please rank the class period that you would prefer for your student to miss should they miss class to receive services.

1) _____ 2) _____ 3) _____
Preferred Class and Period to Receive Services