



**Counseling Partners of Los Angeles**  
*Committed to Success for Every Student Every Day*  
<http://counselingpartnersofla.org>

## **Informed Consent Form for Personal Counseling**

### **Saint John Baptist De La Salle School**

#### **Introduction**

Counseling Partners of Los Angeles offers a comprehensive school-based counseling program and support services, providing the tools, support and oversight essential to ensure the greatest opportunity for every student to grow toward their full potential emotionally, intellectually, morally and socially. CPLA strives to have students, parents, teachers, and counselors actively involved in nurturing students' success and wellbeing by providing an exceptional level of support, expertise and oversight. CPLA is committed to success for every student every day.

There is no additional cost for counseling services as it is one of the programs offered by Saint John Baptist De La Salle School. The counselors see students that are referred by faculty, parents, and the students themselves. You can refer your child for any academic, social, or emotional concerns you may have by calling the school and asking to speak with the CPLA counselor.

#### **Background**

CPLA counselors have a passion for helping children and adolescents and are very excited to work with your school. CPLA counselors are graduate level or post-graduate level students obtaining their Master's Degree in Counseling or Doctoral Degree in Counseling. On a weekly basis, the counselors meet with a licensed clinician for supervision and training. The counselor works under the license of this licensed clinician.

#### **Provision of Services**

It is the policy of CPLA to obtain parent/guardian written permission for counseling that extends beyond one session in a school year or that is planned on a regular basis. Services include intake assessment, short-term individual counseling, crisis intervention, group counseling, and outside referrals as needed.

I understand that school counseling services are aimed at the more effective education and socialization of my child within the school community. I understand that these services are not intended as a substitute for psychological counseling, diagnosis, or medication, which are not the responsibility of the CPLA counselors. I acknowledge that it is my responsibility to determine whether additional or different services are necessary and whether to seek them for my child.

#### **Benefits/Risks**

I understand that there may be both risks and benefits associated with participation in counseling. Counseling may improve my child's ability to relate to others, provide a clearer understanding of himself/herself, along with values, goals, and an ability to deal with everyday stress. I understand that counseling may also lead to unanticipated feelings and change, which might have an unexpected impact on my child and his/her relationships.

**Confidentiality**

I understand that the CPLA counselor will keep information confidential, with some possible exceptions. The counselor is a mandated reporter and is required by law to share information with parents or others in certain circumstances:

- Presenting a serious danger to self or another person
- Evidence or disclosure of suspected abuse (physically or sexually) or suspected neglect (Department of Children and Family Services would be contacted)
- Threats to school security

The counselor will make the child aware of these limits to confidentiality.

**Records**

Records are retained by CPLA and do not become a part of a student’s school file. Records are stored safely with attention to privacy.

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Counseling Partners of Los Angeles  
**Consent for Counseling**  
**Saint John Baptist De La Salle School**  
**2017-2018 School Year**

My signature below indicates that I have read and understand this document and I give permission for my child to receive counseling services if referred. Note: This is not a referral for counseling. Please call the school if you would like your child to be seen by the counselor.

<b>Name of Student (please print)</b>	<b>Grade in School</b>
<b>**Fill out separate consent form for each of your children</b>	
<b>Name of parent/legal guardian (please print)</b>	<b>Relationship to student</b>
<b>Parent/Legal guardian’s signature</b>	<b>Date</b>

If parent/legal guardian is unavailable, additional person(s) that CPLA Counselor can contact:

<b>Name</b>	<b>Relationship to student</b>	<b>Phone Number</b>
<b>Name</b>	<b>Relationship to student</b>	<b>Phone Number</b>