



## Counseling Center Consent to Treat a Minor at UNCG

North Carolina law requires the consent of a parent or legal guardian for a client under the age of 18 to receive mental health services from a non-physician, with the exception of a few circumstances:

- 1) When the student is or has been married;
- 2) When the student serves in the armed forces;
- 3) When the student is legally emancipated.

Unless the above exceptions apply, you as the parent or legal guardian of a minor must complete and return the following consent form to:

**The Counseling Center**  
**Student Health Services**  
**107 Gray Drive**  
**The University of North Carolina at Greensboro**  
**Greensboro, NC 27412**  
**Phone: 336-334-5874; Fax: 336-334-3900**

I, \_\_\_\_\_ (print name here) am the parent/legal guardian of  
\_\_\_\_\_  
\_\_\_\_\_ (print name of student), a minor whose birthday is \_\_\_/\_\_\_/\_\_\_\_.  
\_\_\_\_\_ (Student ID #)

I authorize the UNCG Counseling Center to provide mental health counseling services to my son/daughter/dependent. I understand that my child will benefit most from having a confidential relationship with her counselor, so I will agree to limited communication with the mental health provider unless otherwise needed. I further understand that, once my child turns 18, my consent for treatment will no longer be required.

By signing this, I acknowledge that I have read and understand this consent, and that I have been able to call The Counseling Center (336) 334-5874 to have any questions answered before signing.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Parent/Guardian's Phone Number(s):**  
Work: \_\_\_\_\_

Home \_\_\_\_\_  
Cell: \_\_\_\_\_

## Counseling Center Information and Consent to Treatment

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

The UNCG Counseling Center (CC) provides a wide range of counseling and psychological services to currently enrolled UNCG students. The services may include: short term individual counseling, group therapy, crisis intervention, and/or consultation. Our staff is committed to meeting the needs of people of diverse racial, ethnic, and national backgrounds, gender, sexual/affectional orientations, mental and physical abilities, religious/spiritual beliefs, and socioeconomic backgrounds, as well as other types of diversity.

**Initial Appointment:** You can call our office to schedule an initial appointment, come in during afternoon walk-in hours, or access our crisis intervention services. During your first appointment you will complete forms, discuss your concerns and goals with a therapist, and determine what services will be most effective. When indicated, we will help you connect with on-campus and/or community resources. Students who have been CC clients are not eligible to become graduate student Trainees at the CC.

**Subsequent Appointments:** Counseling is most effective when clients actively engage in establishing and working on treatment goals, completing assignments, and discussing difficult issues. We ask that you cancel/reschedule 24 hours in advance so that another student might make use of that time. **Failure to cancel/reschedule at least 24 hours in advance of an appointment will result in a \$25 no-show fee.** If you are 15 minutes late for an appointment, it may be cancelled and you will be responsible for rescheduling. Services may be terminated if you have an excessive number of cancellations or no shows.

**Your initials here show your understanding of and consent to the \$25 no-show fee:**

**Initials: Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Group Therapy:** Some concerns are most effectively addressed in group therapy. Therefore, your therapist may discuss with you the option of joining a therapy/support group or workshop.

**Urgent Matters:** If you are experiencing a mental health crisis outside of our office hours, please call the UNCG Police at 336-334-4444. They can connect you with the CC on-call therapist.

**Communication:** You will receive appointment reminders at your UNCG email address of scheduled appointments at the UNCG CC. Additionally, CC providers only communicate with you via phone (if you grant permission) and through Patient Portal Secure Messages. You will be informed of this secure communication through your UNCG email address and will then need to log in to your Patient Portal to read the message. CC staff will not communicate with you via any social media networking site.

**Confidentiality:** The personal information you share with your therapist is confidential in accordance with North Carolina Privileged Communication laws, professional ethical codes, and federal privacy regulations. Your therapist may consult with CC staff to ensure that you receive the best treatment possible. Outside of the

exceptions listed below, no information is released to parties, outside CC and those with a need to know within UNCG Student Health Services (SHS), without your expressed written consent. Your therapist may share information with other SHS professionals for the purpose of coordinating care, which may become part of your SHS medical record.

**Your initials here show your understanding of and consent to the above communication between CC and other parts of SHS: Initials: Student \_\_\_\_\_ Parent/Guardian \_\_\_\_\_**  
**Date \_\_\_\_\_ Date \_\_\_\_\_**

The exceptions to this rule of confidentiality are the following:

- a) If you are clearly likely to do physical harm to yourself or another person in the near future, it is your therapist's duty to take steps to protect your safety and the safety of others.
- b) If you share information about currently occurring abuse or neglect of a child or dependent adult, state law requires that your therapist report the information to the Department of Social Services.
- c) If ordered to do so by a judge as part of judicial proceedings, the Counseling Center may release information contained in your counseling record.

**Your Rights:** As counselors, psychologists, and social workers, we uphold ethical and professional standards. If you have any questions/concerns about your treatment at the CC, please bring these issues to the attention of your therapist or the CC Associate Director. It is also important to know that you have the right to discontinue therapy at any time, or request a change in therapist. We request that you let your therapist know of your intentions, so that other treatment options may be suggested. Or you may complete a "Transfer of Therapist Request" form which you can ask for at the CC front desk. You also have the right to complete a Comments, Concerns, Complaints or Congratulations form at <https://web.uncg.edu/saf/survey/index.php?id=88> that will be addressed by an administrator. Please refer to the Student Health Services Rights and Responsibilities Statement for additional information.

**Please let your therapist know if you have any questions about the above information.**

**My signature below indicates that I have read and understand the above information, and I consent to treatment at the UNCG Counseling Center. I understand that my treatment at the Counseling Center is voluntary and that I may discontinue treatment at any time.**

\_\_\_\_\_  
**Printed Name and Signature of Student**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**Printed Name and Signature of Parent/Guardian**

\_\_\_\_\_  
**(Date)**