



— Briarwood Academy, Inc. —

School Counseling Informed Consent

Briarwood Academy is committed to empowering and inspiring all learners to excel in a global society. In addition, it is the goal of the school to provide high quality education to all students. To achieve these goals, parents/guardians and/or school staff may refer students for short-term counseling. Students may request counseling services for themselves, as well. The goal of counseling is to help the students set and achieve goals, work through situational stress, improve relationships with peers, or other concerns that may be present. Other possible topics may include coping with anger, improving self-esteem, stress management, or fear of testing. The overarching goal of counseling is to help students improve academic success and encourage personal development. These services are provided at the student's school and are provided at no cost to the parent/guardian. Additionally, these services are not intended to provide a diagnosis or medication to the student, or are equivalent to psychological counseling, as those are not within the responsibility of the school.

Counseling services will be provided by Catherine Stapleton, Dean of Student Services. Catherine Stapleton has received extensive training and supervision in the field of counseling/psychology and presently holds a current standing with the Professional Standards Committee in the state of Georgia. Once consent is provided and the counseling relationship begins, it can be terminated at any time, at the request of the parent. The **counselor** will keep all information shared in sessions confidential. The exceptions to confidentiality include:

- The student has expressed a clear or imminent danger to harm him/herself or others
- Reasonable suspicions of sexual or physical abuse
- A court order requesting the release of records
- A threat to school security

The **counselor** will inform the student of the limits with confidentiality. If information is requested to be shared with a third party (physician, private therapist, etc.), a separate release of information will need to be signed. Parents/guardians have the legal right to access information as it relates to their child; however, requesting specific information may impede the success of counseling. The **counselor** may consult with the student's teacher(s) to receive updates on class progress and behavior. Details of the sessions will not be shared with other school staff.

If you choose to provide parental/guardian consent, please complete this page and return to the school. You may contact the school or counselor at any time, should questions arise. A representative for the school can be contacted at 706.595.5641.

Student's Name: _____ Grade: _____

*I, _____, am the legal parent/guardian of _____. By signing this form, I acknowledge that I have received and read the terms of counseling at my child's school and agree for him/her to be seen by the school counseling staff. Should I choose to end counseling, I will contact the counselor directly and provide written notice. I am also agreeing to the terms of confidentiality.

Parent/Guardian Signature: _____

Date: _____ Phone #: _____ Email address: _____