



OHIO
UNIVERSITY

Division of Student Affairs

Counseling and Psychological Services
Hudson Health Center 3rd Floor
1 Ohio University Drive
Athens OH 45701-2979

T: 740-593-1616
F: 740-593-0091
www.ohio.edu/counseling

Please email as an attachment to: 7405930091@fax.ohio.edu

Consent for Treatment of Minor

The purpose of this form is to provide information about key policies and to document consent for the treatment of the minor identified below (please print):

STUDENT'S NAME: _____

DATE OF BIRTH: _____ PID #: _____

ENROLLMENT: Upward Bound Full-time Part-time Other: _____

Counseling & Psychological Services at Ohio University (CPS) is staffed by professionals licensed as counselors, psychologists, and psychiatrists. The staff also includes graduate students in training, who in all cases are supervised by a licensed mental health professional.

All information disclosed within sessions is confidential and may not be revealed to anyone outside the center without parent/guardian permission, except when disclosure is required or allowed by law. Examples of such situations include: when there is a reasonable suspicion of abuse of children or elderly persons; when the client presents a serious danger of violence to another; when the client is likely to harm himself or herself unless protective measures are taken; when a valid court order has been issued.

Although parents and guardians have rights to a minor student's counseling information, it is often in the best interest of college-attending clients if their parents or guardians are only involved when requested by the client and/or counselor. However, a parent/guardian can expect to be contacted and included in major treatment decisions or processes (e.g. referrals, releasing information, termination).

Participation in services at CPS is strictly voluntary. Clients are responsible for scheduling their own appointments and complying with their counselor's treatment recommendations. Services may be terminated if clients fail to comply. In the event that CPS is not the appropriate agency to meet a client's needs, referrals will be provided.

Fees for Services: Counseling sessions are offered at no charge to Upward Bound participants. Students who are enrolled with the Guaranteed tuition model have access to all of our services for free. All other students (upper classman, transfer students, graduate and professional students) will have the option of paying the WellBeing plan (\$45.00/semester) to be eligible for services. Students who opt out of the WellBeing plan will be charged per session beyond the initial drop-in appointment. CPS does not submit claims to health insurance companies or provide documentation for insurance purposes. Late cancellation and no-show charges are applied. Details and other policies can be viewed on our website: www.ohio.edu/counseling

PARENT OR GUARDIAN NAME: _____

Address: _____

Phone/Fax: Hm: _____ Wk: _____

Cell: _____ Fax: _____

I have also reviewed and discussed with my minor student the form "Client Consent For Treatment," and hereby authorize CPS at Ohio University to administer treatment to the minor identified above.

Parent/Guardian Signature

Date