

Piute County School District
Permission to Counsel and Release of Information

Parent or Guardian: _____
(If client is under the age of 18)

Client: _____

Permission to Counsel:

By signing this form I am approving behavioral health therapy for my child through the Piute County School District (PCSD). Services are being provided through Central Utah Counseling Center (CUCC) at the request of the school district.

Release of Information:

I understand that my child's personal and medical information will be kept confidential among the professional staff at PCSD and CUCC. By signing this form, I am giving permission for the therapist to discuss my child's relevant information with the professional staff at PCSD, as well as, the professional staff at PCSD to discuss my child's relevant information with the professionals at CUCC.

I understand that therapy sessions will be conducted in a private setting at my child's school or the theorist's office at the Piute County Building in Junction. Sessions will last approximately one hour and will be conducted on a weekly or every other week basis.

I understand that if my therapist or the professional staff at both PCSD and CUCC are concerned for my child's safety and/or the safety of others that they will notify the proper authorities and resources to assist in ensuring your child's safety and/or the safety of others. Confidentiality applies in all situations other than when there is a perceived danger to self or others. The parent or guardian can revoke this permission/release form at any time in writing to both PCSD and CUCC.

(Print Name)	(Signature)	(Date)
(Print Name)	(Signature)	(Date)
(Print Name)	(Signature)	(Date)
(Print Name)	(Signature)	(Date)