



The Stone Center Counseling Service
Parental or Guardian Consent for Treatment of a Minor

I hereby give consent for Wellesley College Counseling Center to provide mental health treatment to _____ DOB: _____ which could include medication and/or therapy.

I understand that:

- ❖ My child has the right to refuse diagnostic or treatment services.
- ❖ Any specific information which my child shares in counseling will be treated with the strictest confidentiality. I also understand that there are important, legally mandated exceptions to confidentiality. These include:
 1. Notification of relevant others when a clinician judges that a client is in immediate danger to self or others, as for example, in the case of suicide or homicide;
 2. The clinician must report any incidence of suspected elder or child abuse, neglect, or maltreatment in order to protect the elderly and/or children; and
 3. In legal cases, clinicians or clinical records may be subpoenaed by a judge.

Otherwise, I understand that confidential information will not be disclosed without my child's written authorization to do so.

Name (printed)

Relationship to student

Signature

Date

Phone # of guardian