

INFORMED CONSENT FOR COUNSELING FORM

This document contains the important information about CGC counseling service. Please review the information provided.

Counseling: A goal-oriented relationship between professionally trained counselor and an individual seeking help for the purpose of bringing about a meaningful awareness and understanding of the self and the environment, improving planning and decision making, and formulating new ways of behaving, feeling, and thinking for problem resolution and/or development growth (Villar, 2014). Counseling involves sharing of personal thoughts and feelings. The outcome of counseling may not be immediate as it is a process that may differ according to the unique needs of the service user.

COUNSELING PLAN:

- Estimated number of counseling sessions: _____.
- Referral to other Mental Health Professional/Specialist:** If necessary, a referral will be made when the attending CGC personnel recognizes that the service user's condition is beyond its expertise and will be served best by another professional or specialist. The service user will be informed if referral will be made.
- Carer's Conference:** The carer may be invited into an individual conference or family/group sessions when deemed necessary and with the consent of the service user. *(According to the IRR of R.A. 11036: Carer refers to the person, who may or may not be the service user's next of kin or relative, who maintains a close personal relationship and manifests concern for the welfare of the service user.)*
- Follow-up Session:** A follow-up counseling session will be done to determine how the service user is doing and to decide whether further assistance is necessary.

We appreciate prompt arrival for appointments. Please notify us if you will be late or would be needing to cancel the meeting.

Confidentiality: All interactions with CGC personnel, including scheduling of appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling will be contained in any academic, educational, or job placement file. However, you may request in writing that the CGC Personnel release specific information to persons you designate.

Exceptions to Confidentiality:

- If there is evidence of clear and imminent danger of harm to self and/or others, a mental health professional/mental health worker is legally required to report this information to the authorities responsible for ensuring safety.
- The CGC personnel works as a team. Your attending CGC personnel may consult with other CGC personnel/ Mental Health Professional to provide the best possible care. These consultations are for professional purposes and within the bounds of confidentiality.
- If there is strong suspicion of physical or sexual abuse or neglect of any person under 18 years of age it must be reported to child protection services.
- A court order may require the CGC to release information contained in records and/or require the CGC personnel to testify in a court hearing.

There is no fee for counseling services.

If you are referred to off-campus health, mental health, or substance abuse professionals you are free to choose the best mental health services available to you. You are responsible for the financial charges.

List of carers to be informed in cases of life-threatening situations:

	Name	Relationship	Contact Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I have read and discussed the above information with my attending CGC personnel. I understand the risks and benefits of Counseling and the nature and limits of confidentiality, and what is expected of me as a services user of the Guidance Services.

- I choose to avail the counseling services of CGC
 I choose to decline the counseling services offered at this time.
(I understand that I may request counseling services at a later date if needed.)

Service User's Printed Name over Signature: _____ **Date:** _____

FOR SERVICE USER UNDER 18 YEARS OLD:

PLEASE CHECK ONE:

- I am giving permission for my child to receive counseling services while attending Malayan Colleges Laguna.
(I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of counseling services.)
- I choose to decline the counseling services offered for my child at this time.
(I understand that I may request counseling services at a later date if needed.)

Parent/ Guardian/ Carer's Printed Name over Signature: _____ **Date:** _____

Phone Number: _____