



Counseling Services
P.O. Box 1017 • Binghamton, New York 13902
Voice: (607) 778-5210 Fax: (607) 778-5204

Informed Consent for Treatment

My signature below indicates that I have read and received a copy of the SUNY Broome Community College's Counseling Services Informed Consent and agree to its contents, consenting to treatment:

Date

Student's Signature

Date

Counselor/other witness's Signature

IF CONSENTING PARTY IS OTHER THAN THE STUDENT:

I, _____, hereby consent to treatment for my minor child.

Date

Signature of consenting party

Relationship of consenting party

Release of information regarding status in counseling

PLEASE DO NOT SIGN UNTIL YOU MEET WITH A COUNSELOR:

In the event that my name should come before the Students of Concern Committee (SOC) or the Campus Assessment, Response and Evaluation Team (CARE), my signature below indicates that I agree to let my counselor disclose my status in counseling services. No other information will be shared without an additional release of information.

Date

Student's Signature

Date

Counselor's Signature

