



College of Education

Belin-Blank Center

600 Blank Honors Center
Iowa City, Iowa 52242-0454
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belinblank.org

**ASSESSMENT AND COUNSELING CLINIC
AUTHORIZATION TO PROVIDE COUNSELING SERVICES TO MINORS**

I understand that my minor son or daughter has applied and been accepted for services at the Assessment and Counseling Clinic, The Connie Belin & Jacqueline N. Blank International Center for Gifted Education and Talent Development (Belin-Blank Center) contingent upon my authorization of the provision of such services. I hereby authorize the staff of the Assessment and Counseling Clinic to provide counseling services deemed appropriate and necessary to my son or daughter.

I recognize that this authorization does not permit me access to any additional information regarding my son's or daughter's counseling. Specific information regarding the nature of the counseling services provided, the date(s) of sessions, the content of sessions, or other information outside the scope of this authorization will be negotiated by myself, my son or daughter, and his or her counselor at the Assessment and Counseling Clinic. I understand that information regarding a client is considered confidential and cannot be disclosed without written permission of the client (or in the case of a minor, that parent or guardian). However, there are certain conditions when the staff at the Belin-Blank Center must release information about a client whether or not the client approves. Those conditions are:

1. Suspected child abuse: The staff at the Belin-Blank Center are mandatory reporters of suspected child abuse (physical, sexual, or neglect) and are required by law (Section 232. 69(1) of the Iowa Code) to report suspected child abuse to the Iowa Department of Human Services.
2. Potential homicide or suicide: In instances where a client threatens homicide, the staff at the Belin-Blank Center may have to notify the intended victim and police. Likewise, if a client is deemed a serious risk, family or authorities may need to be notified in order to protect the client from harm.
3. Court Order: If a court of law issues a court order for a client's records, a counselor at the Belin-Blank Center may have to release the records to the court.

I hereby authorize the staff of the Assessment and Counseling Clinic to provide

counseling services to _____
(print name of minor)

The service is authorized from _____ through _____
(starting day, month & year) (ending day, month & year)

I understand that I can revoke this consent at any time. Please direct any questions/concerns regarding this consent to Dr. Alissa Doobay (phone: 319-335-6148).

Signature of Parent/Guardian Date _____

Signature of Parent/Guardian Date _____

Signature of Minor (12 years or older) Date _____

Signature of Witness Date _____