**Statement of Confidentiality**

**Lindsay Marquez, MA, MFT, CPC**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the purpose of meeting with **Lindsay Marquez, MA, MFT, CPC** is to get help with problems that may be bothering me or keeping me from being successful at school. I am here because I want to talk to a counselor about these problems or my parent, guardian, or school staff have concerns about me. I understand that during this process, things may get more challenging before they get better.

The following disclosures cannot be kept confidential under Federal and States Laws:

1. Reports that I am a clear and immediate danger to myself or others
2. An indication of child or elder abuse, whether or not it is presently occurring
3. Communication is ordered by a court of law

By signing below, I acknowledge that I am giving consent to meet with the minor child \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with the understanding that I can at any time revoke this consent. I also acknowledge that I have been offered a copy if the HIPAA privacy notice.

\*

Parent or legal guardian Signature Date

\*

Parent or legal guardian Signature Date

Student Signature Date

Therapist Signature Date

**RELEASE OF INFORMATION:** I authorize Lindsay Marquez to communicate any and all information pertaining to this case, as needed, to the following school staff; school counselors, graduation advocate, school psychologist, school administration, clinic nurse, registrar, attendance secretary, assigned teachers. This authorization will be in effect until the cancellation date listed below. I understand that with accordance of the Safe School Professional program, information pertaining to this case will be entered into Infinite Campus and may be accessed by local district and Nevada Department of Education employees.

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 Parent or guardian signature Date Cancellation Date