



## CLIENT INTAKE *(School Clients Only)*

### Parent Permission & Authorization for Release & Exchange of Information

Date: \_\_\_\_\_

\_\_\_\_\_ School District is proud to have a School Counseling Program. These programs are school-wide efforts to improve school culture and climate, improving student success.

\_\_\_\_\_ is a volunteer counseling Trainee/Associate from Turning Point Center for Families. The Trainee/Associate is working on their practicum hours towards obtaining a Marriage Family Therapy, Professional Clinical Counselor, Clinical Social Worker and/or Psychologist License and is currently training under the supervision of a licensed therapist from Turning Point Center for Families.

The Turning Point Trainee/Associate can support students with appropriate counseling services in areas such as peer relationships, behavior management, anxiety, social skills, substance use/abuse, etc. The services provided may include individual/group counseling and/or consultation. Some schools will have a maximum of 6-12 sessions due to the high volume of students needing services. If there is a need for extended counseling services referrals to outside agencies will be given.

Please complete and sign the below to authorize your child to receive the above mentioned services.

Client Name: _____	Age: _____	Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Other: _____			
Address: _____		City: _____	State: _____ Zip Code: _____
Grade: _____	Teacher: _____	School: _____	
Medical Conditions/Medications: _____			
Emergency Contact: _____		Phone #: _____	Relationship to Client: _____

Who is consenting to treatment for minor listed above as Client? (Place a  in either Parents, Caregiver or Guardian Checkbox by pressing the spacebar or clicking on the checkbox and follow the instructions listed below.)

<p><input type="checkbox"/> <b>Parents</b></p> <p>Parent 1 Name: _____</p> <p>Contact #: _____</p> <p>Ok to leave a message Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p>Parent 2 Name: _____</p> <p>Contact #: _____</p> <p>Ok to leave a message Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p><b><u>Parent 1 and/or Parent 2 completes the following:</u></b></p> <p>1. Relationship Status Section below.</p>	<p><input type="checkbox"/> <b>Caregiver - Qualified Relative</b> – Can be any of the following:  <i>Spouse, Stepparent, Brother, Sister, Stepbrother, Stepsister, Half Brother, Half Sister, Uncle, Aunt, Niece, Nephew, first cousin, or any person denoted by the prefix denoted by “grand” or “great” or the spouse of any of the persons specified in this definition even after the marriage has been terminated by death or dissolution.</i></p> <p>Caregiver Name: _____</p> <p>Contact #: _____</p> <p>Ok to leave a message Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p><b><u>Caregiver only completes the following:</u></b></p> <p>1. Sign/Date on Caregiver Signature line below                  2. Complete Caregiver Authorization Affidavit items 1-5</p>	<p><input type="checkbox"/> <b>Guardian - Attorney, Social Worker, Foster Parent, Guardian ad litem</b></p> <p>Guardian Name: _____</p> <p>Contact #: _____</p> <p>Ok to leave a message Yes <input type="checkbox"/> or No <input type="checkbox"/></p> <p><b><u>Guardian only completes the following:</u></b></p> <p>1. Sign/Date on Guardian Signature line below                  2. Attach copy of Court Order appointing Guardian</p>
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<b>Relationship Status for Parent 1 and/or Parent 2:</b> <i>Skip this section if completed Caregiver or Guardian sections above.</i> Parent 1 and/or 2 place a <input checked="" type="checkbox"/> in <b>ONE</b> Relationship Status Checkbox by pressing the spacebar or clicking on the checkbox & follow the instructions.	
<input type="checkbox"/> Married	<b>Either Parent 1 or Parent 2 or Both</b> - Sign/Date on the Parent 1 and/or 2 Signature line below
<input type="checkbox"/> Widowed	<b>Widow or Widower</b> - Sign/Date on the Parent 1 Signature line below
<input type="checkbox"/> Never Married	Did the court issue a <b>Custody Order</b> ? Yes <input type="checkbox"/> or No <input type="checkbox"/> <i>If No - <b>Either Parent 1 or Parent 2 or Both</b> – Sign/Date on the Parent 1 and/or 2 Signature line below.</i> <i>If Yes - Who has <b>Legal Custody</b>? <input type="checkbox"/> <b>Joint</b>: Both Parents <b>OR</b> <input type="checkbox"/> <b>Sole</b>: Parent 1 <input type="checkbox"/> or Parent 2 <input type="checkbox"/></i> 1. <b>If Joint, then Both Parents</b> – Sign/Date on the Parent 1 and Parent 2 Signature line below unless Custody Order states otherwise & Attach copy of Custody Order. <i>If CPS Report/Restraining Order/Incarceration/Out of Country against one Parent, then Other Parent also completes Caregiver Authorization Affidavit All Items &amp; for Item 6 [2<sup>nd</sup> choice]</i> 2. <b>If Sole, then Parent who has Sole Legal Custody</b> – Signs/Dates on Parent 1 or Parent 2 Signature line below & Attaches a copy of the Custody Order. <i>If parent who has sole legal custody does not have copy of the Custody Order, then they can complete Caregiver Authorization Affidavit All Items &amp; for Item 6 [2<sup>nd</sup> choice]</i>
<input type="checkbox"/> Separated OR <input type="checkbox"/> Divorced	Did the court issue a <b>Custody Order</b> ? Yes <input type="checkbox"/> or No <input type="checkbox"/> <i>If No - <b>Both Parent 1 &amp; Parent 2</b>– Sign/Date on the Parent 1 and 2 Signature line below. <i>If CPS Report/Restraining Order/Incarceration/Out of Country against one Parent, then Other Parent also completes Caregiver Authorization Affidavit All Items &amp; for Item 6 [2<sup>nd</sup> choice]</i></i> <i>If Yes - Who has <b>Legal Custody</b>? <input type="checkbox"/> <b>Joint</b>: Both Parents <b>OR</b> <input type="checkbox"/> <b>Sole</b>: Parent 1 <input type="checkbox"/> or Parent 2 <input type="checkbox"/></i> 1. <b>If Joint, then Both Parents</b> – Sign/Date on the Parent 1 and Parent 2 Signature line below unless Custody Order states otherwise & Attach copy of Custody Order. <i>If CPS Report/Restraining Order/Incarceration/Out of Country against one Parent, then Other Parent also completes Caregiver Authorization Affidavit All Items &amp; for Item 6 [2<sup>nd</sup> choice]</i> 2. <b>If Sole, then Parent who has Sole Legal Custody</b> – Signs/Dates on Parent 1 or Parent 2 Signature line below & Attaches a copy of the Custody Order. <i>If parent who has sole legal custody does not have copy of the Custody Order, then they can complete Caregiver Authorization Affidavit All Items &amp; for Item 6 [2<sup>nd</sup> choice]</i>

### Confidentiality

All information disclosed within sessions is confidential and may not be revealed to anyone without your written permission except where disclosure is allowed/required by law. Disclosure may be required under the following circumstances: Where there is reasonable suspicion of child, dependent or elder abuse; where there is reasonable suspicion that the client presents a danger of violence to others or where the client is likely to harm him or herself unless protective measures are taken. Disclosure may also be required pursuant to a legal proceeding. Turning Point does not provide legal or custody services i.e. custody letters. Audio/video taping may be used for counselor training, but the client/parent has the right to refuse audio/video taping at any time. All counselors are in training as a Trainee or Associate working towards licensure and are supervised by a Licensed Marriage, Family Therapist or Psychologist. Turning Point Center for Families is a non-profit organization that relies on grant funding for which some of the above information is used. All identifiable information is kept strictly confidential.

I/We, the undersigned parent(s), caregiver or legal guardian, do hereby give my/our consent for the provision of counseling services by Turning Point Center for Families and/or its staff and authorize \_\_\_\_\_ School District and Turning Point Center for Families to communicate and exchange information relative to the minor listed above including copy of custody orders. This authorization shall remain in effect until revoked in writing by the undersigned parent/guardian at any time.

<b>Parent 1 Signature:</b> _____	<b>Date:</b> _____
<b>Parent 2 Signature:</b> _____	<b>Date:</b> _____
<b>Caregiver (Qualified Relative) Signature:</b> _____	<b>Date:</b> _____
<b>Guardian Signature:</b> _____	<b>Date:</b> _____
<b>Therapist Signature:</b> _____	<b>Date:</b> _____

### NOTICE TO CLIENTS/PARENTS/CAREGIVERS/GUARDIANS

**MFT/PCC Trainee/MSW Intern:** The Clinical Director of the Turning Point Center for Families receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered counselor providing services at Turning Point Center for Families. To file a complaint, contact Sheila Diskin at 714-547-8111 or via email at [sheiladiskintpcf@gmail.com](mailto:sheiladiskintpcf@gmail.com)

**Registered Associate MFT/PCC/CSW:** The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (*marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors*). You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov) or by calling (916) 574-7830.