



Hornell Area Concern for Youth, Inc.

76 E. Main Street Hornell, NY 14843

Telephone & Fax: (607) 324-0808

Email: concernforyouth@yahoo.com

COUNSELING CONSENT FORM

I, _____
Name of Parent/Guardian

- give permission
- do not give permission

for **Hornell Area Concern for Youth** to provide **Counseling** services to

Child's Name

I understand that my child's rights are protected under Federal Confidentiality Law (42 CFR Part II). No additional information regarding my son's/daughter's involvement in counseling services at Concern for Youth may be released with out written permission unless otherwise authorized under the law.

Hornell Area Concern for Youth is under a Qualified Service Agreement with your school district. This means counseling staff and administration have knowledge of those youth in their district receiving services.

Signature of parent/guardian

Relationship

Date

Prepared By

Title

() Verbal Consent Obtained



CONSENT FORM For SERVICES

I, _____ give permission
Name of Guardian/Authorized Representative
for **Hornell Area Concern for Youth** to provide alcohol/drug prevention
services to _____ .
Child's Name

I understand that the child's rights are protected under Federal Confidentiality Law (42 CFR Part II). No additional information regarding this individual's involvement in counseling services at Concern for Youth may be released without written permission unless otherwise authorized under the law.

Hornell Area Concern for Youth is under a Qualified Service Agreement with the Canisteo School District. This means counseling staff and administration have knowledge of those youth in their district receiving services.

Signature of Guardian/Authorized Representative

Relationship

() Verbal Consent Obtained

Date

Prepared By

Title