



## **Consent to Treatment**

### **Lawrence Technological University Clinical Counseling Services**

I hereby give my consent to receive Counseling services. These services may include psychological evaluations, treatments and referrals. I understand that information regarding my case may be shared among Clinical Counseling Services (CCS) staff for supervision, consultation and training purposes only. However, all information pertaining to my case will be considered strictly confidential and will not be released to anyone outside of CCS without my specific written consent as stated below.

I have read and signed the "Summary of Client Rights and Responsibilities." I have been informed and understand confidentiality, the limits of confidentiality, and my rights and responsibilities as a client.

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Student Signature

Date

\_\_\_\_\_ I give consent for my therapist to respond to my inquires via email. \_\_\_\_\_  
Initials

\_\_\_\_\_ I give consent for my therapist to discuss my case with the following:

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Clinical Counseling Services (CCS) is operated and funded by Lawrence Technological University primarily for the benefit of registered students. CCS offers a variety of services including individual and group counseling/therapy, crisis intervention, psychological evaluations, consultations, outreach programs and referral services. The services are provided by the clinical staff and supervised graduate students.