



CASA HEALTH & WELLNESS  
**CONSENT FOR COUNSELING SERVICES**

As they navigate the ups and downs of school and afterschool, many children benefit from individual and/or group counseling services. These supports are available through CASA at no additional cost to you, and are provided by CASA’s Mental Health & Wellness Counselor Lily Cardasis, MA, AMFT, a Marriage and Family Therapist Registered Associate working under direct supervision of a licensed therapist.

In order for your child to receive individual or group counseling services we are required to obtain this parent/guardian permission. You have the right at any time to submit a written retraction of your permission for counseling, which will be effective immediately. If you have further questions, please contact Lily Cardasis at [lily@lilycardasis.com](mailto:lily@lilycardasis.com), or 415.748.5297.

Information shared between your counselor and a minor student during the course of counseling is confidential. However, consenting parents and guardians are often involved in the counseling process. Consequently, your counselor, in the exercise of her professional judgment, may discuss the treatment progress of a minor student with their parent or caregiver. Students and caregivers are urged to bring any questions or concerns they may have on this topic to their counselor.

You must give written permission before we can release information about you or your child. However, state and federal laws specify certain mandated and permitted exceptions to this confidentiality policy, including but not limited to situations involving suspected child abuse, clients who pose an imminent danger to themselves or others, or court order. Although extremely rare, the following exception to confidentiality should be noted as well: Section 215 of the 2001 USA Patriot Act grants the FBI authority to access confidential records for counterterrorism purposes. Under this law, counselors can be issued with a subpoena that: A) requires them to turn over notes and records to the FBI and B) prohibits them from informing the client that such release has taken place. In the event this situation were to occur, your counselor would terminate treatment so as not to further breach your trust. A Notice of Privacy Practices will be provided upon request per adherence to HIPAA requirements.

Please sign this form and return it to CASA as soon as possible. A copy of this consent is available upon request.

**Parent/Guardian Consent For Counseling Services**

I have read this confidentiality policy and I permit my child, \_\_\_\_\_  
to receive the following services: *(Student Name)*

- Group Counseling
- Individual Counseling

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*Parent/Guardian Name* *Signature* *Date*

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*Telephone* *Email*



CASA HEALTH & WELLNESS

AUTHORIZATION TO EXCHANGE PROTECTED HEALTH INFORMATION

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By signing this document, I, (name),  
parent of (child's name), hereby  
authorize Lily Cardasis, CASA Mental Health & Wellness Counselor, to exchange  
confidential information and records with CASA & Rooftop Staff  
for the purpose of:

Coordination of treatment

Other:

I understand the following:

- *Signing this form is not a requirement of treatment.*
- I have the right to receive a copy of this authorization.
- Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule, although applicable California law may protect such information.
- I have the right to revoke this authorization at any time. Request must be made in writing and sent to [lily@lilycardasis.com](mailto:lily@lilycardasis.com), delivered in person to my counselor, or mailed to Children's After School Arts Attn: Lily Cardasis, 584 Castro St. #264, San Francisco CA, 94114.

This authorization is effective for one year from the date signed,  
or until the following date: \_\_\_\_\_

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Parent/guardian signature

Date