



SCF Counseling Referral Information and Informed Consent Form

Name (first then last): _____ Preferred Name: _____

Pronouns: _____ G# _____

Referred by: _____

Preferred contact method (check all that apply): Phone SCF Email Personal Email

Phone# Okay to leave a voicemail? Yes No

SCF Email: _____

Personal Email: _____

To protect your privacy, please ensure that your contact information is secure.

Contracted Counselor - Bradenton and Lakewood Ranch Campuses

Contracted Counselor - Venice Campus

Are you 18 years old or older? Yes No

All information is kept confidential.
Non-identifying information may be used for statistical purposes.

Please read the following carefully and sign below:

CONFIDENTIALITY STATEMENT:

All identifying information shared with the Coordinator of Student Support Services will be held in confidence and will not be disclosed without your permission, with the following exceptions:

- There is reason to believe that you or others are in imminent harm
- In cases of suspected child, elder, or vulnerable adult abuse
- A subpoena or court order requires the release of information
- With limited exceptions, to the extent the Family Educational Rights and Privacy Act (FERPA) would permit disclosure, an Open Records Act request requires the release of information (identifying information redacted)

Access to counseling provided by State College of Florida is provided under the following guidelines:

- 1) Person accessing counseling services must be a current SCF student
- 2) Student must have a referral from the Coordinator of Student Support Services
- 3) Students should make sure to attend all appointments and contact their counselor in advance if they need to cancel or reschedule an appointment. If a student misses more than one appointment they will be charged for each missed session on the SCF account.
- 4) SCF will pay for five (5) sessions. If further counseling is required the student will pay through their own insurance or a sliding fee scale will be established
- 5) By signing below you understand and agree to the above:

Printed Name: _____ Signature: _____

Date: _____

Please submit completed form via Email to SCFCare@scf.edu