

Referral for Counseling Update Notice

Name of Student * _____
Referring Party * _____
Counselor _____, YCP Counseling Services
Date _____

I, * _____, chose to meet with a counselor at York College of Pennsylvania Counseling Services. York College of Pennsylvania provides resources and interventions that promote caring, safety, and success for its students and the campus at large. I also understand that the services provided by Counseling Services are confidential excluding my intent to harm others or myself.

However, I am referred for a counseling assessment and further recommendations therein. I give my signed consent for the release of the following information to the referring party. This communication will enhance my student status by ensuring that * _____ is aware of my well being and compliance with counseling interventions.

- _____ The above-named student has not scheduled an appointment.
- _____ The above-named student attended a scheduled appointment on _____.
- _____ The above-named student did not attend a scheduled appointment.
- _____ Further sessions are recommended.
- _____ Further sessions are not recommended at this time.

Notes: Further communication may require another form.

The authorization of this form is valid until * _____ unless revoked in writing prior to the expiration date. This authorization and request is fully understood and voluntary on my part.

* Signature of Student _____ *Date _____
* Date of Birth _____
* Address and Telephone Number _____
* Signature of Referring Party _____
Counselor Signature _____

(*Indicates all areas that the referring party and student must fill out together. A counselor will fill out all other information and return to the referring party.)