

## Consent to Treat Mental Health Counseling

As the parent, legal guardian, or person otherwise authorized by law to consent to an examination and treatment of my child, \_\_\_\_\_,  
I hereby consent to mental health treatment by H. Max Silman, Psy.D., LPC, CPCS.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Legal Guardian, etc. Signature

Date: \_\_\_\_\_

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### Confidentiality

Pierce County Middle School is not allowed to release any information concerning your child's mental health treatment without your written permission, waiving your right to confidentiality with a "Release of Information" form. Pierce County Middle School is required, however, to release client information in certain cases as defined by law, such as child abuse or when the potential for serious harm to one's self or to others exists. Pierce County Middle School must also comply with court orders in the event client records are subpoenaed. Confidentiality is our primary concern; without your written consent or unless otherwise required by law, your child's therapy is held in strict confidence.

I, \_\_\_\_\_, understand that there are limits to confidentiality and if the therapist believes that your child is a "clear and imminent danger to himself/herself or others", this confidentiality clause is no longer valid and the therapist and/or Pierce County Middle School has the professional and personal obligation to inform the appropriate authorities. Furthermore, I fully understand that at any time, the therapist or Pierce County Middle School maintains the right to refer your child to outside resources if they recognize other options being more advantageous to your child's specific needs or issues.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# PIERCE COUNTY MIDDLE SCHOOL



AMANDA GAY  
Principal

TERRY TATUM  
Assistant Principal

MAUREEN BROWN  
Athletic Director

BRANDON CARLSON  
Assistant Principal

August 8, 2022

Dear Parent(s)/Guardian:


Please accept this letter as an opportunity for your child to participate in mental health services, if needed, at Pierce County Middle School for the 2022-2023 school year. My name is Dr. Max Silman, Psy.D., and I am a Licensed Professional Counselor (LPC) in the state of Georgia. Additionally, I am certified to provide clinical supervision to those aspiring to be licensed as professional counselors in the state of Georgia (CPCS). I have provided counseling services for over 30 years in a variety of settings including community mental health, juvenile justice, child advocacy center (Satilla Advocacy Services), and at a counseling center in a residential setting (GA Baptist Children's Home – Baxley). Specific areas of training/expertise include: stress/anxiety, depression, trauma (including physical abuse, sexual abuse/assault, and domestic violence), grief/loss, anger management, oppositional/defiant behaviors, conduct disorders, and adolescent sexually healthy/harmful behaviors.

This is my second year as a mental health counselor at Pierce County Middle School. Our goal is for our students to be successful in their academics, so it is important they work through any issues that may be interfering with their success in the classroom. Thus, my goal is to address any student concerns and/or issues that may be affecting students' ability to function at their best not only in their academics, but life in general. Please understand the intent of this position is not to replace any mental health treatment your child may be receiving from other mental health providers. I would only see these students if they are in crisis and need immediate attention.

Attached is a mental health consent form for the parent/legal guardian to sign in order for me to see your child, if needed. Even if you signed a consent form for your child last school year, a new signed consent form will be needed for the 2022-2023 school year. Your child will not be seen by this mental health counselor for any reason without a signed consent form for mental health counseling services. Thus, it is important that you go ahead and sign/return the attached consent form so that your child can be seen if the need arises. Information obtained in counseling sessions is kept confidential and is not shared with anyone without parental/guardian consent or mandated by law. Additionally, please read and sign the confidentiality form located below the consent for counseling, indicating your understanding of confidentiality. If you have any questions or concerns, please feel free to give me a call at 912-449-2077.

Thank you for your assistance in this matter. I look forward to our students having a successful academic year that includes physical, emotional, and spiritual well-being.

Sincerely,

  
Dr. H. Max Silman, Psy.D., LPC, CPCS  
Mental Health Counselor  
Pierce County Middle School