



Barnes Center at The Arch  
Counseling  
150 Sims Drive, Ste. 302  
Syracuse, NY 13244

Dear Parent or Guardian,

Your student has expressed interest and/or has been referred to Barnes Center at The Arch Counseling. Counseling offers a variety of psychological services including brief individual counseling, crisis intervention and general consultation.

Please be advised that the nature of the counseling relationship is one based on confidentiality. Information shared by your student in a counseling session will be treated with the strictest confidentiality unless, in the judgment of our staff, disclosure of information is necessary to protect your student from imminent physical danger. It is in the best interest of your student if you, as the parent, respect the confidential nature of the relationship. As you know, it is difficult to engage in a therapeutic process with a student if they feel information will be shared. Please be aware, however, that we will make every effort to encourage your student to include you in the process in a way that is most meaningful to the student.

If counseling for your student is agreeable to you, please sign the attached parental consent form and return by mail to the address listed above or by fax to 833.780.1937.

Please feel free to contact us if you have any questions.

Sincerely,

Cory Wallack, Ph.D.  
Executive Director of Health and Wellness  
Barnes Center at The Arch

**Barnes Center at The Arch Counseling**

150 Sims Drive, Ste. 302, Syracuse, NY 13244 T 315.443.8000 [syracuse.edu/BeWell](http://syracuse.edu/BeWell)

## Parental Consent Form

Students who are under the age of 18 are required to obtain signed consent from a parent or guardian giving the Barnes Center at The Arch Counseling permission to initiate counseling.

I, \_\_\_\_\_, being the parent or legal guardian of  
\_\_\_\_\_ (student's name), do consent to them  
receiving counseling at the Syracuse University Barnes Center at The Arch. I understand that  
this counseling is not mandatory but may be in their best interest.

**Student's Name (Please print.):**

**Parent/Guardian's Name (Please print.):**

**Parent's Signature:**

**Address:**

**Phone number:**

**Date:**

**Notary witness:**