

Counseling Referral

**Return to counseling center at LRSC or email to jessica.l.dimitch@lrsc.edu*

Lake Region State College Jessica Dimitch, M.A. Counseling Psychology |
jessica.l.dimitch@lrsc.edu | 701-662-1546

Dakota College at Bottineau Corey Gorder, Licensed Professional Clinical Counselor, LPCC |
corey.gorder@dakotacollege.edu | 701-228-5673

Williston State College | wsc.counseling@willistonstate.edu | 701-774-4212

Student Information Student Name and ID #: _____

Date: _____

Name and phone number of person making referral: _____

Relationship to student: _____

Is student aware referral has been made? _____

Presenting problem:

CONFIDENTIALITY

Counseling is confidential. Information obtained during counseling sessions will not be disclosed to any outside persons or agencies without the student's written permission. Exceptions to this law would include if the counselor believes the student is at risk to harm himself/herself, is at immediate risk to harm someone else, if there is reasonable suspicion of abuse of children or elderly persons, or if records are subpoenaed by the court of law.

Please include on this form a detailed description of student's presenting problem and other areas of concern regarding the student. Attach a separate sheet of paper if necessary or arrange meeting with counselor prior to making referral. The student may choose to not sign a Release of Information; be aware that without a ROI signed, the counselor is not allowed to contact referral source for further information. Counseling referrals do not become part of student's record; this form is for the counselor's information only.

