



# INFORMED ASSENT / CONSENT

Document No.: FM-GC-02-01

Effective Date: December 17, 2018

NAME: \_\_\_\_\_ Program: \_\_\_\_\_  
 Surname First Name Middle Name Student Number: \_\_\_\_\_  
 Birth Date : \_\_\_\_\_

### (Statement of Confidentiality)

The Center for Guidance and Counseling (CGC) welcomes you to MAPUA University.

As freshman, you are required to accomplish the Online CGC Student Profile that contains the needs analysis and the intake interview form. These online forms will provide information that will help your guidance counselor assists you in your socio-emotional development. Also, in the course of your life as a student in this university, your guidance counselor might call you with the goal of harnessing your personal and academic potentials for your holistic development.

Your first meeting with your guidance counselor will be an “intake interview”. The purpose of the intake interview is to help clarify your concerns and if needed, discuss other guidance or student services that might be helpful to you.

Please rest assured that all the information shared with your guidance counselor will be kept confidential. Only in life threatening situations, cases of suspected child or elder abuse, when information is required by law through a court action, or when you request that your records be released to you or a third party – will your guidance counselor break confidentiality.

In order to provide the best services available, your counselor might consult with other guidance counselors or the head of the guidance center. Information about counseling will not appear in your academic record.

If you are a minor (age 17 and below), we will need the consent of your parents or your guardian to allow you to avail of the counseling service. You may already decide for yourself whether to avail or not of the said service if you are of legal age (18 years old and above).

In case, you or your parents or guardian refuse to avail of our counseling service, please check the box that states you are not interested to avail of our counseling services. Please affix signature below for confirmation.

In the event that you change your mind, you may voluntarily come to the office for counseling wherein you need to sign an informed assent/consent which is a legal and ethical requirement for counseling.

In accordance with the Data Privacy Policies of the University, all personal information shall be used by the Center for legitimate purposes specifically to provide Guidance and Counseling services related to your stay in the University, and shall be processed by authorized counselors.

Your Guidance Counselor

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- I (want/allow my child) to avail of the CGC Counseling Service.
- I (do not want/do not allow my child) to avail of the CGC Counseling Service.

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

\_\_\_\_\_  
Signature of Parent/Guardian Over Printed Name

\_\_\_\_\_  
Date