Counseling Referral

**Return to counseling center at LRSC or email to Brigitte.greywater@lrsc.edu*

Lake Region State College
Brigitte Greywater, Licensed School Psychologist, Ed.S. | brigitte.greywater@lrsc.edu | 701-662-1546

Williston State College
Leah Hoffman, Licensed Addictions Counselor, LAC | leah.hoffman@willistonstate.edu |701-774-4212

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

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 Releases 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.

Dakota College at Bottineau | Lake Region State College | Williston State College