

Confidential Information
Bossier Parish Community College
Counseling Services

Non-Emergency Referral Form

Referring Source: _____

Name

Department

Referral Source Email: _____ Phone Number: _____

Student being referred: _____ Student ID #: _____

Reason for referral: _____

Authorization to Exchange Confidential Information: Ethical and legal guidelines require a signed release of information before any information can be discussed about a client receiving counseling services through Bossier Parish Community College. **Please have the student read and sign below only if an agreement is made to allow communication regarding this referral.** A copy of this signed form should be emailed to the Campus Counselor at rhaynie@bpcc.edu. This document, when signed by the student, will allow limited communication between the Campus Counselor and the referring source. Only information confirming that the student followed up with the referral will be provided. Content of counseling sessions will not be shared with the referring person.

Note: A student does not need this referral form in order to receive counseling services through Bossier Parish Community College. This form is only a facilitation tool used for making efficient referrals. The referring source is always welcome to call the Campus Counselor at (318) 678-6476 to provide any additional information believed to be helpful or with any questions or concerns.

If this is a life threatening emergency, call the Campus Police at 318.678.6318. If medical attention is needed and/or the crisis occurs off-campus, please call 911.

I, _____ (Student Name), have read the paragraph above and give the Referring Source and the Campus Counselor permission to communicate regarding my follow-through on this referral.

Signature of Student

Date

Signature of Referral Source

Date

For BPCC Campus Counselor Use to Report to Referring Source:

- Student kept initial appointment.
- Student did not make or keep initial appointment within 2 weeks.