

Soda Springs School District Informed Consent

STUDENT NAME: _____

SCHOOL: _____

PARENT/GUARDIAN NAME: _____

GRADE: _____

It is the policy of [name of school district] to obtain parent/guardian written permission for individual counseling that extends beyond two sessions in a school year or that is planned on a regular basis. Services may include intake assessment, short-term individual counseling, crisis intervention, group counseling, and referrals as needed. In addition, we require parent/guardian written permission for students to obtain virtual counseling services, when available. Please initial by each statement below.

_____ **Provision of Services:** I understand that virtual school counseling includes individual counseling, academic preparation, the practice of coping strategies, referral to outside resources, and help with problem-solving skills. I understand that school counseling services are aimed at the more effective education and socialization of my child within the school community. I understand that these services are not intended as a substitute for psychological counseling, diagnosis, or medication, which are not the responsibility of the school. I acknowledge that it is my responsibility to determine whether additional or different services are necessary and whether to seek them for my child.

_____ **Benefits/Risks:** I understand that there may be both risks and benefits associated with participation in counseling. Counseling may improve my child's ability to relate with others, provide a clearer understanding of himself/herself, along with values, goals, and an ability to deal with every day stress. I understand that counseling may also lead to unanticipated feelings and change, which might have an unexpected impact on my child and his/her relationships.

_____ **Confidentiality:** I understand that the guidelines that protect confidentiality of personal information also apply to virtual school counseling. However, there are certain circumstances where the counselor must share information with parents/guardians, the student's teacher, and/or administrators or school personnel who work with the child on a need to know basis, so that we may better assist the student as a team. School counselors are required by law to share information with parents or others in certain circumstances:

- The student is presenting a serious danger to self or another person;
- There is evidence or disclosure of abuse (physical or sexual) or neglect;
- Threats to school security; and
- Criminal or delinquency proceedings are pending.

The counselor will make the student aware of these limits of confidentiality and will inform the student when sharing information with others. If you would like counselors to share information with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician, you will need to sign an additional release of information form.

_____ **Virtual Counseling Risks:** I also understand that virtual school counseling will occur

primarily through interactive audio, video, telephone, email, instant messaging, and/or other data communications. I understand that there are risks and possible consequences from virtual school counseling, including, but not limited to, the possibility, despite reasonable efforts on the part of the school district that the transmission of my personal information could be disrupted or distorted by technical failures; the transmission of my personal information could be interrupted by unauthorized persons; and/or the electronic storage of my personal information could be accessed by unauthorized persons. I also understand that these could be greater risks if my student's network at home is not secure.

_____ **Contact:** I understand that I am entitled to ask questions and receive information about methods or techniques used by the counselor and the length of counseling. I am free to seek a second opinion or end counseling at any time.

By electronically signing this document, I not only give consent for participation in school counseling, including virtual school counseling, but I also agree that certain situations including emergencies and crises are inappropriate for audio/video/computer-based counseling services. If my student is in crisis or in an emergency I should immediately call 911 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

I understand that I may withdraw my consent for individual and/or virtual counseling at any time by signing and dating a written note requesting termination of individual and or virtual counseling services. I understand that career and college counseling services do not require informed consent and that any such termination of individual counseling services does not affect my child's right to receive career and college counseling. I also understand that termination of consent for my child to receive virtual counseling services may affect my child's ability to receive career and college counseling services in the event of an extended school closure.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Student: _____

Parent/Guardian Daytime Phone # _____ Cell # _____

Parent/Guardian Email: _____