

Consent for Services ESU #2 Team ACCESS Mental Health Services and Supports



_____ (Legal Guardian) provide my consent for

_____ (student) to receive services from the Team ACCESS Program.

Due to the nature of mental health services, the following outline will serve as a guide between the client (and/or guardian(s) of said client) and the assigned counselor/intern and the counselor's supervisor(s) or program consultant.

Services Provided: During 2024-2025, Team ACCESS services provided by an ESU # 2 counselor and or intern are completely free of charge for students in the ESU 2 Team ACCESS program. Services will be provided whether a student has health insurance. No insurance will be billed for services provided by a Team ACCESS counselor. There will be no fees issued nor will payment from student families be requested. If a student is currently seeing an outside counselor, their services should not interfere with that service and Team ACCESS will work in collaboration with the students outside counselor.

ESU 2 Team ACCESS provides a full continuum of school mental health services including prevention and intervention services to elementary, middle, and high school youth. Mental health services include activities, services, and supports that address social, emotional and behavioral well-being of students. Services may occur by direct presence or by remote presence through video link or telephone resources. These services will be provided by a master's level school mental health intern, a provisionally licensed, or fully licensed mental health professional. Interns will be under the supervision of experienced, licensed mental health professionals.

Mental Health Services through the ESU 2 Team ACCESS could include: Individual Counseling, Group Counseling, Crisis Intervention and support, Family Activities/Events, Classroom Presentations/Activities, School-wide Activities, Classroom Behavior Support, Teacher/School Staff Consultation, Mental Health Screening and Assessment, Referral for Psychiatric Consultation and/or Evaluation, Advocacy, Attendance and Support at Team Meetings, Resource Sharing, and Collaboration for the purpose of Case Management. The number of recommended sessions, treatment plans, and interventions will be discussed with the client (and/or guardian(s) of said client) throughout treatment and when requested.

Informed Consent for Therapy Involving Interns/Students: We are committed to providing the best possible care for your child. As part of our therapeutic process, we may involve interns or students who are training to become mental health professionals. These individuals will work under the supervision of a licensed therapist and will be involved in your child's therapy sessions.

What This Means for You:

1. **Learning Environment:** Interns and students are here to learn and gain experience. They will participate in sessions to observe and assist, which can enhance the therapeutic process.
2. **Supervision:** All interns and students will be closely supervised by a qualified professional. This ensures that your child receives appropriate care and support throughout their therapy.
3. **Confidentiality:** Just like our licensed staff, interns and students are required to maintain confidentiality regarding everything discussed in therapy sessions.
4. **Your Consent:** By signing this consent form, you agree to allow interns or students to participate in your child's therapy. You can ask questions or express any concerns you may have at any time.

We appreciate your trust in us and are here to support both you and your child throughout this journey!

Supervision, Consult, Education, and Research: There are certain circumstances which may require Team ACCESS staff to receive supervision. These circumstances include, but are not limited to the following: Counselors may be under supervision for one (1) or more the following: a) full clinical licenses, b) national certifications, c) practicum/internship fulfillment, d) assessment trainings, and/or e) specialized certifications d) Other special circumstances, such as preparation to testify in court e) Accreditation organizations f) supervision and/or consultation for high-risk situations such as threats and/or acts of harm to self or others. Counselors will be seeking supervision and consultation with external and internal person(s) to ensure best practices are maintained and strategies for intervention are effective. The names and contact information of supervisors will be provided if the client (and/or guardian(s) of said client) desires. No protected health information (PHI) will be disclosed during a counselor's external supervision session(s) if required. The counselor reserves the right to utilize relevant cases and statistical information for educational, internal quality improvement, and training opportunities. No PHI will or would be disclosed in publication and/or research use without the permission of the client and/or the client's legal guardian when applicable.

Collaboration: The Team ACCESS program works closely with families, schools, university partners, and therapists to make sure that mental health services are coordinated and effective. The Team ACCESS Program expects and encourages collaboration between parents and your student's counselor or intern. Your child's counselor will occasionally initiate communication with you to identify ways you can support your student's growth. We encourage the parent/ guardian to reach out to the therapist as well. In addition, there will be certain screening instruments that the counselor will use to gather information to support your student in the best possible manner.

Sometimes, parents request that the counselor speaks with another counselor, physician, or other professional regarding their student. A release of information will be needed for professionals to speak with each other and can be consented to via our Multi-party Release.

Confidentiality/Privacy Statement: *Every individual, regardless of age, deserves a safe and confidential environment in which they can process their feelings and concerns. Professional counselors strive to provide this space to their clients; this safe and confidential space is a critical component to the client-counselor relationship and the effectiveness of therapy. Counselors must occasionally share information about their minor client with the youth's parent or guardian.

Simultaneously, parents must be willing to give their child the privacy and space they need and deserve and understand that their child's counselor won't discuss specifics discussed during therapy without the consent of the youth unless one of the threats to his/her safety listed below is identified. Youth are expected to provide his/her parents regular updates on the issues being worked on in therapy and whether or not he/she is making progress. *Source: Dana Backstrom, LMFT, LPCC and website address www.counselingtoyou.com, @2012-2020

The MHPP program will comply with all federal, state, and local regulations required of public educational institutions, including those stipulated by the Family Educational Rights and Privacy Act (FERPA). Any information shared by the Team ACCESS staff with school personnel regarding a student's participation in mental health services will be limited to "need to know" information e.g. information to help support classroom behavior and student success.

There are a few allowable exceptions to privacy rules required by all professionals:

1. There is a clear and present risk of harm to self or others.
2. The student discloses potential or actual physical/sexual abuse or neglect of minors, persons with disabilities or other vulnerable adults. This includes a self-report of any type of abuse or neglect.
3. Mandates from a court of law require us to provide information.

In such situations, your child's counselor will make reasonable attempts to discuss the situation with you and enlist your participation in resolving the matter, if possible. If you have any questions, you can discuss them freely with your child's counselor. If any privacy and confidentiality issues worry you, please discuss your concerns with your child's counselor.

Program Evaluation: Non-identifying information about your child's Team ACCESS services and educational progress will be used for the purposes of evaluating and improving the Team ACCESS program.

Your Student's and Your Family's Rights:

- The right to be treated with dignity and respect by all staff
- The right to be involved in the planning and/or revision of treatment plans
- The right to know about treatment progress or lack thereof
- The right to reject the use of any therapeutic technique, and to ask questions about the methods used
- The right to be spoken to in a language that is fully understood
- The right to a clean and safe environment
- The right to refuse to be videotaped, audio recorded, or photographed
- The right to end treatment at any time unless court ordered
- The right to file a complaint or grievance about the MHPP program and staff.

Emergencies: If my child is experiencing a life-threatening mental health emergency, I will call 911 or go to the nearest emergency room. I agree to follow up with my child's counselor regarding continued care. If your child resorts to critical concerns of suicidal and/or homicidal ideation the counselor will refer to the school crisis policy, which may result in a referral to law enforcement or an emergency room for further evaluation.

I have read, discussed, and understand all of the above; and by my signature; I indicate my agreement with these services. On certain occasions, a verbal consent might be the only method available, and this entire consent will still be valid under a verbal consent.

Parent/Legal Guardian Signature:

Signature of Parent/Guardian

Date

Signature of Witness

Date

Signature of 2nd Witness

(required if phone authorization is obtained)

Date