

INDEPTH & N-O-T INFORMATION DISCLOSURE STATEMENT

The INDEPTH program is an alternative to a suspension or citation program offered as an option to youth who face suspension or consequences for violation of school tobacco or e-cigarette use policies or community rules. INDEPTH can be conducted in an individual and/or group setting. Sessions consist of four 50- minute meetings, led by a trained facilitator. Participation is voluntary (**may be more than 4 sessions**).

N-O-T (Not on Tobacco) is an evidence-based youth tobacco cessation program, designed for regular tobacco users, including those who use e-cigarettes, who are ready to quit now. N-O-T is a group-based program. Sessions consist of ten 50- minute meetings over nine weeks, led by a trained facilitator. Participation of this group is voluntary (**may be more than 10 sessions**).

I. Confidentiality

With the exception of certain specific exceptions described below, you and your child have the absolute right to confidentiality of your child's treatment. The program facilitator cannot and will not discuss with anyone the content of sessions without prior consent. Under the provisions of The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records..

If you elect to communicate with the program facilitator by email during the time your child is in the program, please be aware that email is not completely confidential. All emails are retained in logs of both the sending and receiving internet service provider. While under normal circumstances, no one looks at these logs, they are, in theory, available to read by the system administrator(s) of the internet service provider.

Legal Exceptions to Your Right to Confidentiality

1. If the program facilitator has reason to believe that the client will harm another person, the program facilitator must attempt to inform that person and warn them of the danger. The facilitator must also contact the police to report the matter.
2. If the program facilitator has good reason to believe that a child, a vulnerable adult, is being abused or neglected, the facilitator must report to the appropriate authorities.
3. If the program facilitator believes that there is imminent danger of the client harming himself/herself, the facilitator must take appropriate measures to ensure the safety of the client. This includes contacting the police or other intervening agencies and could include contacting other family members in the absence of the parent/guardian.

II. Record Keeping

Educational records are kept by the program facilitator. These records are typically very brief descriptions of sessions, noting the date and time of sessions, interventions used, and topics discussed. Under the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), you (the parent) have the right to request a copy of your records at any time. **Please note: As a parent, there are portions of your child's educational record that are not available to you.** You have the right to request any errors found in your record to be corrected. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31): school officials with legitimate educational interest; other schools to which a student is transferring; specified officials for audit or evaluation purposes; appropriate parties in connection with financial aid to a student; organizations conducting certain studies for or on behalf of the school, accrediting organizations; to comply with a judicial order or lawfully issued subpoena; appropriate officials in cases of health and safety emergencies; and state and local authorities, within a juvenile justice system, pursuant to specific State law. Your child's file will be maintained in a secure location only accessible by program facilitator.

Please read the following statement carefully

CONSENT FOR TREATMENT

I, the understand, as the legal guardian of _____, have read this statement, had sufficient time to consider it carefully and have asked any questions that I might have. I understand the contents of the consent for treatment. I understand the limits of confidentiality required by law. I understand the rights contained in this consent and know that I may revoke this consent for treatment at any time. I agree to allow the Sheridan School District's INDEPTH and/or N-O-T program to evaluate and treat my child clinically. I understand that much of this clinical intervention will occur at school during the school day and that my child will be pulled from classes to meet with a N-O-T program facilitator. I understand that if I have any complaints that I may speak with the Jacket Health and Wellness Program facilitator, at 870-484-4411. My signature below implies my consent for the above stated services.

Child's Name

Date

Guardian's Name

Date

Facilitator Signature

Date