



Dear Parents,

In this time of uncertainty, we recognize the importance of your child's wellbeing and mental health. When stressful situations are present, this can be especially stressful for children and adolescents, especially those whom may be already dealing with stress, anxiety or other mental health concerns. When school was in regular session, your child may have seen a school counselor regularly for sessions or for guidance lessons. We want to be able to provide this service to our students to serve them the best that we can.

In order to do this, we have decided to offer counseling sessions via an online platform called Zoom. Online counseling is something that is very new to us and as a result, we would like you to fill out this packet before we are able to begin online counseling sessions with your child.

Please find in this packet several important documents: **Confidential Client Information Form, Statement of Counseling Policies and Procedures**, and **Informed Consent and Release of Liability**.

Please review the attached documents, complete the necessary information, and sign the **Acknowledgement of Receipt of Privacy Practices, Statement of Counseling Policies and Procedures**, and **Informed Consent and Release of Liability**.

***Confidential Client Information Form***

**GENERAL INFORMATION**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

Preferred Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_

## ***Statement of Counseling Policies and Procedures***

### **COUNSELING SESSIONS**

Counseling sessions offered via Zoom through Linton Public Schools will be available during counselor's on-line office hours. Sessions will need to be scheduled with your school counselor ahead of time and can be done so by emailing them.

### **CANCELLATIONS AND MISSED APPOINTMENTS**

Advance cancellations allow us to make the most efficient use of counselor time, please let us know as soon as you can if you are unable to make your appointment.

### **CONTACTING YOUR COUNSELOR**

You may email your school counselor at any time, however, know that counselor's may only be responding to emails during their set office hours of 10-3 M-F. In the case of an emergency, please call 911.

**I understand and agree to the policies and procedures as written above.**

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Parent/Guardian's Signature

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Date

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Print Parent/Guardian Name

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Student's Signature

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Date

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Print Student Name

## ***Informed Consent and Liability***

To begin counseling services using an online video conferencing tool, Zoom, the signing of an Informed Consent and Release of Liability form are required.

I understand that contents of all therapy sessions are considered confidential. Both verbal information and written information about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

- When a client discloses intentions or a plan to harm self or another person, the mental health professional is required to notify legal authorities and those people who may be impacted.
- If a child expresses suicidal ideation, the counselor will try all means to notify a parent/guardian. If they are unable to contact a parent/guardian, the counselor may call 9-1-1 to assist them in ensuring safety of the student. **Linton Public Schools assumes no liability for costs associated with an emergency call.**
- While the Zoom platform is considered HIPPA compliant there may be limits to confidentiality. Counselor's will try their best to only work with students in a confidential setting, but the constraints of online counseling may put sessions at risk for unintended viewers.

I have read and understood the preceding information and agree to the terms and conditions of Linton Public School District as stated. I understand that this agreement is a prerequisite to receiving and continuing counseling services with the Linton Public School District via the use of Zoom an online platform used to video conference.

Signature by Parent or Guardian if the Client/Student is under 18 years old: \_\_\_\_\_

Print Name of the Client/Student: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_