

GARDEN GROVE UNIFIED SCHOOL DISTRICT
Office of Special Education and Student Services

**CONSENT FOR PARTICIPATION IN TELE-COUNSELING, VIDEO COUNSELING
AND/OR SCHOOL BASED MENTAL HEALTH COUNSELING**

(To be completed by SCHOOL and CAREGIVER)

To the parent or guardian of:

Date:

Your child has been recommended for school based mental health counseling (SBMH). Garden Grove Unified School District (GGUSD) would like your permission to provide this service at **no cost to you**. This service may be conducted remotely (for example over the phone, or via a remote video service like Zoom) or in-person. **While in person classes are suspended in-person counseling sessions are suspended as well.**

This SBMH counseling service may include: short-term individual or group counseling, case management, referrals to community partners, and other appropriate support services as needed. The counseling program is offered in GGUSD to support your child's academic and social-emotional growth. Depending on availability your child will receive services from one of the following SBMH providers: ASPIRE, Behavioral Health Works, Boys & Girls Club of Garden Grove and Mariposa.

General Consent Considerations:

1. I understand that information from my child's educational record (i.e. *cumulative files, Aeries, Individual Education Plans, etc.*) will be shared with the counselors working with my child.
2. I understand that information disclosed within sessions is **confidential** and may not be shared with anyone outside of the GGUSD without written consent from myself or as required by law for the following: When there is reasonable suspicion of abuse of children or elderly persons; and/or when the student/minor presents a serious danger to him or herself, another person, or to property, and/or when the records are subpoenaed. Counselors/Social Workers may, in the interest of school safety, share issues involving safety within the school community with school administrators or the appropriate law enforcement agency.
3. I understand that SBMH providers may act in my child's best interest and disclose some information to my child's teacher(s), school psychologist, nurse, school counselor, administrator(s) or other school staff in order to support my child. In such circumstances, I give permission for my child's service provider to release information to school personnel.
4. I understand that SBMH counselors in GGUSD may be social workers, licensed therapists/counselors, pre-licensed graduate social work interns, LPCC interns or MFT interns/trainees and may provide services during school or after school. Intern associates are currently enrolled in an accredited graduate program, and are receiving training to become credentialed services providers. In all cases, a licensed clinician and/or credentialed school social worker supervises the social work interns and MFT interns/trainees.

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5. I understand that I can discontinue the SBMH counseling or tele/video-counseling at any time by contacting my child's counselor and/or my child's school administrator to inform them. Any grievances can be directed to the Office of Student Services at 714-663-6391.

Tele-Counseling and/or Video-Counseling Consent Considerations:

1. I understand that tele/video-counseling will be provided remotely either over the phone or through video.
2. I understand that I am responsible for:
 - a. providing the necessary computer, telecommunications equipment and internet access for my tele/video-counseling sessions,
 - b. information security on my computer, and
 - c. arranging a location in my home with lighting and privacy, free from distractions for my child's session.
3. I understand that email may be used to communicate with my counselor, however, confidentiality of emails cannot be guaranteed.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties.

My signature below indicates that I understand the information provided above and I consent to have my child supported by GGUSD SBMH Counseling:

Please fill in the following:

<u>Print Your Name:</u>		<u>Date:</u>	/ /
<u>Relationship to Student:</u>			

Please sign in the box below: