Consent Form

I have chosen to attend the Wellness Center for ongoing meetings with a mental health counselor. My counselor has explained how counseling works and I understand this information. I understand that my participation is voluntary. I may choose to discontinue meetings at any time but am encouraged to discuss this with my counselor first. I understand that the Wellness Center is staffed by clinicians in training who are working toward licenses either in clinical social work, marriage and family therapy, psychology, or clinical counseling and are supervised by an on-site licensed psychologist, Alisa Crovetti, Ph.D. or on-site licensed clinical social worker, Amy Hazer, LCSW.

While most Wellness Center clinicians conclude their training after one school year, on occasion some clinicians return for a second and sometimes third year of training with the Wellness Center. Whether or not a clinician will return for another year of service is usually not determined until the end of each school year. This means that I will have the opportunity to be served by the same clinician within this school year and that a continuing relationship beyond the first year, while possible, is not guaranteed.

I understand that the Wellness Center generally offers 10 sessions per year per student. Occasionally exceptions are made to this policy. If my counselor and I feel that additional sessions are necessary, the counselor will discuss options with me.

Information shared during counseling sessions is kept confidential except in the following circumstances:

1. When the counselor and supervisor feel it is necessary or beneficial to discuss information during supervision sessions.
2. When the counselor or supervisor feels it is necessary or beneficial to share information with other school staff in order to best serve me.
3. When the counselor must communicate with a private clinician or health care provider in order to coordinate treatment.

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4. When the counselor must protect my safety, for example, the counselor deems that I am in immediate danger of harming myself or others or that I am a victim of abuse.

5. When a parent requests information contained in my written educational record under their FERPA rights.

6. When the counselor has determined there is a need to ask me questions about my risk of harm to myself or others. In these cases, an administrator at my site (Ms. Muñoz, Ms. Fierro, or Mr. Fletcher) will be informed that a risk assessment was conducted with me, the level of risk I show, and any actions taken by the counselor. Specific personal details will NOT be shared. This practice is to ensure that site administrators are aware of students that may need extra support and sensitivity from staff. Administrators may share with counselors and teachers that I am a student in need of extra support and sensitivity but nothing beyond that without my consent.

A Wellness Center counselor has explained these limits of confidentiality to me and I have been given an opportunity to clarify my understanding of them.

I understand that, except in cases of emergency, my Wellness Center counselor will ALWAYS inform me of his or her plan to share information with anyone besides the clinical supervisor. In other words, I will always know before information is shared (e.g., with a parent, teacher, other school staff, private therapist, mental health agency, or medical professional) except in situations in which immediate action is required to protect me from physical harm.

The Wellness Center will provide me with referrals for private therapists if I do not feel comfortable with the limits to confidentiality within a school setting.

I may meet with a counselor individually or with a small group of students. The frequency and duration of meetings may vary and will be determined by me and my counselor.

I may be asked to complete simple, brief self-report surveys that will provide information to the counselor about his/her satisfaction with the counseling services and allow monitoring of my levels of functioning. I understand that I may refuse to complete these surveys as it is not a mandatory component of receiving counseling services.

I may be audio recorded or video recorded as part of the training the Wellness Center provides to clinicians. The recordings will be used as a learning tool for the clinician. It will be played and discussed only with the Wellness Center supervisor, Alisa Crovetti,
Ph.D. or Amy Hazer, LCSW, in a confidential supervision session. The recording will be destroyed after the supervision session and in the meantime will be password protected. I understand I may refuse to be recorded as this is not a mandatory component of receiving counseling services.

This consent expires at the end of the current school year.

Student Name ___________________________ Birth Date ___________

School ________________________________

Clinician Name __________________________

Student Signature __________________________

Date __________________________