Parental Consent to Wellness Center Participation

I hereby grant permission for my child, ______________________, to meet regularly with a counselor from the Piedmont Unified School District’s Wellness Center. I understand that the Wellness Center is staffed by counseling interns who are working toward licenses either in clinical social work, marriage and family therapy, or psychology and are supervised by an on-site licensed psychologist, Alisa Crovetti, Ph.D.

While most Wellness Center interns conclude their internship after one school year, on occasion some interns return for a second and sometimes third year of internship with the Wellness Center. Whether or not an intern will return for another year of service is usually not determined until the end of each school year. This means that your child will have the opportunity to be served by the same intern for at least one school year and that a continuing relationship beyond the first year, while possible, is not guaranteed.

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 the child.
3. When the counselor must communicate with a private clinician or health care provider in order to coordinate treatment.
4. When the counselor must protect the safety of the child.
5. When a parent requests information contained in the child’s written educational record under their FERPA rights.

For parent convenience, the following link is provided as a reference on parent rights under FERPA with respect to confidential information about their child.

My child may meet with a counselor individually or with a small group of children. The frequency and duration of meetings may vary and will be determined by the child’s counselor.

My child 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 the child’s levels of functioning. I understand that my child may refuse to complete these surveys and that survey completion is not a mandatory component of the counseling.

My child may be audiotaped as part of the training the Wellness Center provides to interns. The audiotape will be used as a learning tool for the intern. It will be played and discussed only with the Wellness Center supervisor, Alisa Crovetti, Ph.D. in a confidential supervision session. The tape will be destroyed after the supervision session and in the meantime will be stored in a locked cabinet on site. I understand my child may refuse to be audiotaped and that audiotaping is not a mandatory component of the counseling.

I may contact the clinical supervisor, Alisa Crovetti, Ph.D., at 510-594-2728 or Director of Student Services, Ting Hsu Engelman, M.A. at 510-594-2702 with any questions.

This consent expires at the end of the current school year and may be revoked at any time.

I have read, understand, and agree to the information contained in this consent form.

Child Name __________________________ Date of Birth __________ Grade __________

School __________ Clinician Name ________________________________

Parent Name __________________________

Signature __________________________ Date __________