Thank you for choosing the ESU5 Wellness 4ALL program.

PSYCHOLOGICAL SERVICES

The ESU5 Wellness 4ALL Program places mental health professionals within the schools to provide support to the school environment and culture. These services can range from individual meetings with students, ongoing therapy, short term therapy, or brief check-ins. The extent of these interactions are flexible and will be adjusted to the needs of the student. If more extensive intervention than what can be provided within the school environment could be beneficial, these options will be communicated with the student's family. While therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, there are no guarantees to any outcomes. There is no requirement to participate, participation is completely voluntary, and disruption to the academic day is minimal. .

BILLING AND PAYMENTS

The mental health program is of no cost to you as the guardian.

CONFIDENTIALITY MINORS

Parent Authorization for Minor's Mental Health Treatment

In order to authorize mental health support for your child, you must have either sole or joint legal custody of your child. If you are separated or divorced from the child's other parent, please be aware that it is our policy to notify the other parent that a ESU5 clinician is meeting with your child. We believe it is important that all parents have the right to know, unless there are truly exceptional circumstances, that their child is receiving mental health services. Communication with parents of pertinent information will be maintained.

Mandatory Disclosures of Treatment Information

In some situations, we are required by law or by the guidelines of our profession to disclose information, whether or not the ESU5 clinician assigned to your child has his or her permission. Listed are some of these situations below.

Confidentiality cannot be maintained when:

- Student reports they are doing things that could, or are planning to cause serious harm or death to themselves, or someone else. In this situation, the clinician must inform a parent or guardian or others, and the clinician may be required to inform the person who is the target of the threatened harm [and the police].

- Student tells the clinican, or the clinciian otherwise learns that, it appears that a child is being neglected or abused--physically, sexually or emotionally--or that it appears that they have been neglected or abused in the past. In this situation, the clinician is required by law to report the alleged abuse to the appropriate state child-protective agency.

- The clinician is ordered by a court to disclose information.

Disclosure of Minor's Treatment Information to Parents

Therapy is most effective when a trusting relationship exists between the provider and student. Privacy is especially important in earning and keeping that trust. As a result, it is important for children to have a "zone of privacy" where children feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parents. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy.

You will be provided with general information about your child's treatment, but NOT to share specific information your child has disclosed without your child's agreement. This includes activities and behavior that you would not approve of — or might be upset by — but that do not put your child at risk of serious and immediate harm. However, if your child's risk-taking behavior becomes more serious, then we use professional judgment to decide whether your child is in serious and immediate danger of harm. If your child is in such danger, this information will be communicated to you immediately.

Parent/Guardian: Please initial after each line and sign below, indicating your agreement to respect your child's privacy:

I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I can request periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed. _____

I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is guided by mandatory reporter laws and therapist's professional judgment. _____

By signing this I acknowledge that I give permission for my student to participate in the ESU5 Wellness 4ALL services. I understand participation is completely voluntary and can be discontinued at any time.

Name of Student _____

Parent/Guardian Signature _____ Date_____