

Uvalde CISD  
Consent for Counseling Services

Your child has been referred to the UCISD Family & Student Support Counselor (FSSC) for professional counseling services at school. The FSSC's are Licensed Professional Counselors or Licensed Social Workers, licensed by their respective state boards. They offer brief, short-term counseling on a weekly or bi-weekly basis during non-academic time, at school or via district approved electronic means. There is no fee for these services and consent can be withdrawn at any time. If it is determined that your student's needs require more intensive, long-term care, the FSSC will work with you to locate alternative resources to meet their needs. Should you have questions or concerns, please contact your FSSC at the number below.

Outside of internal case staffing and consultation, the information discussed in counseling is strictly *confidential*. However, in some instances, professional counselors are legally mandated to discuss matters with the appropriate authorities. These include:

- Written or verbal intent to harm self or others.
- Written or verbal intent to commit a crime.
- Disclosure or suspicion of abuse or neglect received by or delivered to a child, adult, the elderly, or a disabled person.
- Subpoena by a court of law.

If a court order has been rendered with respect to conservatorship of the child which impacts your ability to consent to the child's mental health care and treatment, **services will not be provided to your child until the counselor has received and reviewed a copy of the most recent applicable court order.**

By signing below

- I acknowledge that I have reviewed both sides of this document, have been given the opportunity to ask questions, and have the legal right to provide consent on behalf of the student named below.
- I \_\_\_\_\_ give consent for my child \_\_\_\_\_ to receive support services at school.
- I \_\_\_\_\_ give consent for my child \_\_\_\_\_ to receive support services via electronic means.
- I \_\_\_\_\_ do **NOT** give consent for my child \_\_\_\_\_ to receive support services at this time.

\_\_\_\_\_  
Custodial parent/guardian signature

\_\_\_\_\_  
Date

Anthon & Robb - Niki Henderson, M.Ed., LPC (830-591-4954 ext. 5510)  
Uvalde High School - Nikki Rodriguez, M.Ed., LPC (830-591-2950 ext. 6112)  
Flores & Morales - Barbara Chase, M.S., MAC, LPC (830-591-4954 ext. 5418)  
Batesville, Crossroads & Dalton - Melissa Alejandro, LMSW (830) 591-4954 ext. 6133

## Counseling Via Technology Informed Consent

- 1) I understand that counseling via electronic means is the practice of delivering counseling services between the Family & Student Support Counselor and a student/family who are in two different locations. Only district approved methods of electronic communication will be utilized.
- 2) I understand that there are risks, benefits, and consequences associated with counseling via electronic means, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- 3) I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- 4) I understand that the privacy laws that protect the confidentiality of my child's records also apply to services provided via electronic means, unless an exception to confidentiality applies (i.e. mandatory reporting of child abuse/neglect, danger to self or others, legal subpoena, etc.).
- 5) I understand that if my child is having suicidal or homicidal thoughts, actively experiencing psychotic symptoms, or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that services via electronic communication are not appropriate and a higher level of care is required.
- 6) I understand that during a session provided electronically, technical difficulties could be encountered, resulting in service interruptions. If this occurs, an attempt will be made to immediately restart the session. If reconnection cannot be established within ten minutes, the Family Student Support Counselor will follow up with my child via phone or email, during school hours, to discuss a time to reschedule.
- 7) I understand the Family Student Support Counselor may need to contact me, a designated emergency contact, and/or appropriate authorities in the event of an emergency.