

Revised Oct, 2009

San Francisco Unified School District Consent for Counseling Services

Dear Parent/Guardian:

School can be both a rewarding and challenging experience for students. At times, social/emotional issues may affect your child's performance in school. Many children benefit from individual and/or group counseling services, which are available on the school site, at no cost to you. Counseling services may be provided by a SFUSD clinical staff member or a mental health trainee under the direct supervision of a SFUSD clinical supervisor.

Information shared in the counseling sessions is confidential. You must give written permission before we can release information about you or your child. State and federal laws state the following exceptions to the confidentiality policy: Suspected child abuse, court orders, and when a child poses an imminent threat to him/herself or another person. A Notice of Privacy Practices will be provided upon request per adherence to HIPAA/FERPA requirements.

In order for your child to receive individual and/or group counseling services we need to obtain parental or guardian permission. If you have questions, please contact the contact person listed below.

Your child may also be invited to fill out a brief survey as part of our efforts to evaluate our group counseling services. If you give your permission for your child to take part in the evaluation, he/she would fill out a brief survey before or during the first and last counseling group sessions. Each survey would take about 10-15 minutes to fill out. The surveys would ask your child about how he/she feels about their school, and what impact the group counseling services had on him/her. The surveys are completely CONFIDENTIAL and would NOT ask your child questions about what was said in counseling. Your child's name would not appear on the surveys or in survey reports.

Please sign this form and return it to school as soon as possible. A copy of this consent is available upon request.

School/Dept: _____ **Address:** _____

Contact Person: _____ **Title:** _____ **Telephone:** _____

Parent/Guardian Consent For Counseling Services and Survey

I have read the Confidentiality Policy above and I permit my child, _____
(student name) to receive individual and/or group counseling services and to complete the survey before and after the group if he/she is invited to fill it out.

Signature of Parent/Guardian: _____ **Date:** _____

Telephone: _____ **Best time(s) to be reached:** _____