



Parental Consent for Mental Health Assessment & Service Provision

Student Name: School Name:

Legal Parent/Guardian Name(s):

Physical Address: City: State: Zip:

Phone: E mail:

Preferred method of contact (Check all that apply): Phone Email Mail

I, (Legal Parent/Guardian), give my permission for my child to receive mental health counseling provided by an ESU 9 licensed mental health provider. The student may first be assessed for their need for services. Signing for consent of services does not guarantee services will be provided. I understand that these services are mental health therapeutic support rather than clinical treatment. I understand that the mental health provider and/or school district are not responsible for student's mental health well-being and behavioral needs outside of the educational setting. Outpatient Therapeutic Services may be recommended as a resource, however it will be at the legal guardian's discretion to provide the necessary action to meet those needs on their own.

I, (Legal Parent/Guardian), understand in order to best support my child and their needs, the mental health provider will have access to cumulative school and special education records as appropriate. The mental health provider will also collaborate with the school mental health team regarding the needs of your child.

I understand and agree to the above (please initial):

I give permission for mental health counseling and release of records.

I DO NOT GIVE PERMISSION

Unless otherwise stated, this release is valid for one year from to .

Parent/Legal Guardian Signature

Date

CONFIDENTIALITY

The confidentiality of information in the student's chart, including the information that you provide to the Mental Health Practitioner, is protected by both federal and state law. It can only be released if the identified student specifically authorizes the Mental Health Practitioner to do so. There are some exceptions to this general rule:

- The Mental Health Provider will consult with other Mental Health Providers within ESU 9 (who are also bound by confidentiality standards) while protecting student privacy.
If the Mental Health Practitioner suspects abuse/neglect of a child or a vulnerable adult, the Mental Health Practitioner is required by Nebraska state law to file a report to the appropriate agency (everyone is a mandated reporter in the state of Nebraska).
If the Mental Health Practitioner believes that the student is a danger to themselves (suicidal), the Mental Health Practitioner will take actions to protect their life even if the Mental Health Practitioner must reveal student's identity to do so.
If students threaten serious bodily harm to another person, the Mental Health Practitioner will take necessary actions to protect that person even if they must reveal the student's, or your, identity to do so.
If you, or the student, is involved in legal proceedings, and a court requires that the Mental Health Practitioner submit information or testify, the practitioner must comply with the subpoena.