

## Informed Consent for Almont Behavior Specialist Services

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Parent/Guardian's Name(s)**

### **Introduction**

In an effort to provide students with a safe and supportive school environment, Almont has further expanded mental health services to students not receiving special education services. To achieve this goal, parents/guardians or school staff may refer students for counseling (individual and/or group), or students may request counseling with the Behavior Specialist. The focus of the program is to promote more effective education and socialization within the school community. The focus of the Behavior Specialist is to offer support for students that are struggling with stress, anxiety, depression, peer relationships, grief, family concerns, bullying, confidence, and various other concerns. There is no cost for counseling services that are provided through the school system during the school year.

### **Provision of Services**

It is a generally accepted policy to obtain the parent/guardian's permission for intervention when it is more than a crisis situation. Services may be individual, group, short or long term, depending on the needs of your student. This written permission is kept in a separate file in the Behavior Specialist's office. I understand that these services are not intended as a substitute for diagnosis or treatment for any mental health disorder. Referrals to outside agencies will be provided to the parent when appropriate.

### **Confidentiality**

In order to build trust with the student, the Behavior Specialist will keep information confidential, with some possible exceptions. Because these services are provided to minors in the school setting, I understand that the Behavior Specialist may share information with parents/guardians, the student's teacher, and/or administrators or school personnel who work with the individual on a need to know basis, so that we may better assist the student as a team. The Behavior Specialist is also required by law to share information with parents or others in the event the individual is in danger of harm to self or others. The Behavior Specialist will make the student aware of these limits to confidentiality and will inform the student when sharing information with others. If you would like the Behavior Specialist to share information with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician, you will need to sign an additional release of information form.

I understand that the Behavior Specialist will keep student information confidential with the following exceptions:

- \* IF they are being harmed
- \* IF they are currently harming or planning on harming themselves or others

\* IF they know of anyone who might be doing harm to themselves or others

The student and/or parents will be informed when confidentiality has to be broken.

Please contact Alexa Caporuscio through email at [acaporuscio@almontschools.org](mailto:acaporuscio@almontschools.org) or call (810) 673-9305 for questions regarding this consent form.

***I have read the above information and hereby give my consent for my child to participate in services and agree to abide by the guidelines of confidentiality. I also understand that I can revoke my consent at any time.***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature(s)

This consent expires 6/30/20

Please return this form to the main office