



Parent /Guardian Permission for Counseling Services

Student		Date	
Parent / Guardian		Grade	
School			

Your permission/consent is required so that the following services can begin for your student:

- Behavioral health services which may include; individual counseling, group counseling and social/behavior skill building. These services are provided by School Counseling staff defined as Licensed School Counselors, Social Workers and Psychologists located within your child’s school or by staff within the Canyons School District Student Services Department. If the service provider is receiving clinical supervision in accordance with Utah Department of Professional Licensing (DOPL), information may be shared within the scope of consultation.

Your permission/consent will last for one (1) year (365 days) from the date of signature unless you revoke your consent in writing delivered to the school principal or District, whichever occurs first.

POSSIBLE ITEMS OF DISCUSSION

Depending on the nature of the presenting problem and concerns shared during an initial interview or counseling sessions by the student or parent(s), Under Utah Code §53E-9-203 school district personnel or agents are generally required, with a few exceptions, to have your consent as parent or legal guardian to discuss if information is sought from your child concerning the following issues:

- a) political affiliations or, except as provided under Utah Code § 53G-10-202 or rules of the State Board of Education, political philosophies
- b) mental or psychological problems
- c) sexual behavior, orientation, or attitudes
- d) illegal, anti-social, self-incriminating, or demeaning behavior
- e) critical appraisals of individuals with whom the student or family member has close family relationships
- f) religious affiliations or beliefs
- g) legally recognized privileged and analogous relationships, such as those with lawyers, medical personnel, or ministers
- h) income, except as required by law

AUTHORIZATION WAITING PERIOD

Information gathered in the interview will be used to formulate a treatment program. Information gathered during the course of counseling will be integrated into the treatment program. Applicable law requires a two-week waiting period prior to the student being interviewed regarding these subjects, unless a parent waives this notification period. Your signature will allow us to waive the waiting period and provide services to your child immediately.

REQUIRED DISCLOSURES

Service providers have a responsibility to ensure that an appropriate administrator is informed of any information that concerns potential problems or at-risk situations that might occur. If a school employee or agent believes that a situation exists which presents a serious threat to the well-being of a student, that employee or agent shall notify the student’s parent or guardian without delay. Information gathered from an interview or counseling sessions may be shared with the administrator or other school personnel as circumstances require. Information regarding a student’s drug or alcohol use will be reported to the parent(s). State law requires that information suggestive of child abuse must be reported to the appropriate governmental agency (Utah Code §53G-9-209).

Remote Delivery of Services: Certain circumstances may require services to be provided remotely. Services delivered remotely are inherently less secure and less confidential than in-person services.

- During one-on-one remote services, you or someone else in the household could potentially observe the session(s), seeing or hearing information that is meant to be confidential.
- During small group remote services, you or someone else in the household could potentially observe the session(s), seeing or hearing information about your student or others that is meant to be confidential. Individuals in other locations could likewise see or hear information about your student that is meant to be confidential.

Parents who would like additional information may contact the school administrator either prior to or subsequent to the service being provided.

I give consent for my child to participate in counseling sessions and waive the two-week waiting period so that services may begin immediately. If the need arises, my child may discuss the issues identified above during the course of receiving counseling services.

Parent/Guardian Printed Name		Date	
Parent/Guardian Signature		Relationship to Student	

If you should need further information, or have questions or concerns, please call:

 Name, Title

 Phone #