SUSSEX COUNTY TECHNICAL SCHOOL
School Based Youth Services Program
The Student Center (20/21)

Parental Consent for Professional Counseling

Consent to Receive Services Provided by the School Based Youth Services Program

The objective of the School Based Youth Services Program is to help assure that teenagers will obtain needed assistance in an accessible location. The goal of the program is to have teenagers who graduate, are employable and are mentally and physically healthy.

The School Based Youth Services Program provides a comprehensive set of services to teenagers at their school. These services include: mental health; substance abuse and family counseling, access to preventive and primary health care including family life education; employment and recreation. All Clinicians are Licensed or Certified by the State of New Jersey or interning through an accredited Institution of Higher Learning Program and under the Supervision of a Certified Clinical Professional licensed by the State of New Jersey.

I,_____ , consent to have_____
(Name of Parent / Guardian) (Name of Student)

_____
(Student's address)

_____ _____ _____
(Telephone) (Date of Birth) (Grade)
receive counseling services by: Sussex County Technical School, School Based Youth Services Program.

_____ _____ _____
(Signature of Student) 14 and older (Signature of Parent/Guardian) (Date)

_____

(Signature of Witness) **REQUIRED!!!**

_____**I consent** _____**I do not consent** for the Student Center staff to share information about my child with the **Guidance Department** and/or to receive information about my child from the **Guidance Department**

***** Please initial this section if the above student is involved with the Child Study Team.***

_____I understand that counseling is part of the above student's IEP.

_____ I understand that counseling is part of my child's 504 plan

_____ **I consent** _____**I do not consent:** that the Student Center Clinician working with the above-named student has the ability to access Child Study Team records to assist in providing the best possible treatment. These records include, but are not limited to: evaluations, testing reports, family history, IEP's, school records, 504 plans, and case notes.

_____ _____
(Signature of Parent/Guardian) (Date)

See Other Side

105 North Church Road * Sparta, New Jersey 07871 * 973-383-6700 Fax 973-579-7493

Limits of Confidentiality

The contents of therapy sessions provided at the Sussex County Technical School's Student Center are confidential, in accordance with Federal and State law and professional code of ethics. Verbal and written information about a client cannot be shared with another person without the written consent of the client and the client's legal guardian.

Contents of sessions with a minor client will not be shared with persons *including parents* without the client's consent.

The exceptions to this policy are the following:

1. **DUTY TO WARN AND PROTECT**: When a client discloses intentions or a plan to seriously harm another person, the therapist is required, by state law, to warn the intended victim and report this information to proper authorities. In cases in which the client discloses or implies a plan for suicide, the therapist is required, by state law, to take action to protect the client. For the Student Center therapist, this involves notifying appropriate school personnel and the minor client's parents/guardian as appropriate and warranted

2. **CHILD ABUSE**: If a minor client reveals information that suggests or indicates that he/she is being seriously neglected, abused or in danger of being abused by an adult, the therapist is required, by state law, to report this information to DCF's Division of Child Protection and Permanency (formerly known as DYFS).

3. **CONSULTATION/SUPERVISION**: Therapists discuss cases with other mental health professions/clinical supervisors (individual and peer supervision) in order to provide the best possible treatment.

4. **AGE OF CONSENT**: In accordance with **NJ A3435, *Boys and Girls Clubs Keystone Law*** signed January 19, 2016, minors 13 years and older are permitted to give consent for behavioral health care. Students under age 13 require parental consent to participate in the program.

I understand and agree to the Limits of Confidentiality listed above.

_____ _____

(Signature of Student/Client) (Date)

_____ _____

(Signature of Parent/Guardian) (Date)

SR/20/21