**Telemental Health Informed Consent Form for School Social Work Services**

I hereby consent to allow my child to participate in telemental health school social work services with Your Name, School Social Worker at Name of School. This will allow for continued communication and school social work support during usual school days due to school closure. School Social Work support in a telemental health format is the practice of delivering services via technology assisted media or other electronic means between the School Social Worker and the student who are located in two different locations. The communication can take place through a phone call or through an online video chat platform. These communications can be requested by the parent or guardian, teacher and/or the student if support is needed and scheduled only during typical school days and hours.

The telemental health services will primarily focus on checking in and connecting with the student and their parent/guardian to assess and address their social-emotional or mental health needs. From there the School Social Worker can provide material, resources, or guidance to help address the concerns and explain the instructions on how to access any School Social Work lessons that may be involved. Formal School Social Work lessons may not take place in the telemental health format, but may be posted online or emailed to the student and/or parent (a hard paper copy will be provided for families without internet access). **[Adapt this section to your needs and scope of practice.]**

I understand the following with respect to telemental health for School Social Work services:

1) I understand that I have the right to withdraw consent at any time without affecting my student’s right to future care, services, or program benefits.

2) I understand that there are risks and consequences associated with telemental health, including but not limited to: disruption of transmission by technology failures (losing wifi or service connection), interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.

3) To increase the privacy and confidentiality of the communication:

* I understand both parties will try to find a private, quiet location in their home to limit disruptions or others listening to the conversation.
* I understand that there will be **no recording** of any of the online sessions by either party.
* All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without permission, except where the disclosure is permitted and/or required by law (if there is potential or a risk that a student is a danger to themselves, threatening to do harm to others, or if the student is being harmed).

4) I understand that the School Social Worker and Parent/Guardian will arrange the date and time of the appointment.

5) I understand that remote, telemental health School Social Work services should not be used if there is an urgent mental health crisis or an emergency.  If your child is having suicidal or homicidal thoughts, engaging in self-harming behaviors, or actively experiencing psychotic symptoms (delusions, hallucinations, worrisome or aggressive behaviors) the parent/guardian should seek out the appropriate crisis support to have their child assessed or receive a higher level of care by an agency that can offer immediate and direct support

Crisis Supports:

If there is an urgent/emergency level concern call 911 for an immediate response. Police officers are able to link people in need to mental health evaluations or support.

  (You can add hospitals and agencies who can do virtual and/or in person assessments.)

6) I understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please email me at Your School Email Address or call me at Your Google Voice or District # to discuss since we may have to re-schedule.

**Emergency Protocols**

I need to know your location in case of an emergency since some of you may not be at your address of record during this pandemic. You agree to inform me of the address where you are, at the beginning of each session. I also need a contact person who I may contact on your behalf in a life-threatening emergency only. This person will only be contacted in the event of an emergency.

In case of an emergency, my current location is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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and my emergency contact person’s information:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read the information provided above and discussed it with the School Social Worker.  I understand the information contained in this form and all of my questions have been answered to my satisfaction.

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**Print Your Name**

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**Signature of Parent/Guardian Date**

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**Signature of Student if age 12 or above Date**

*If you are able to print, sign it, scan or take a picture of the signed form - please email the signed form to School Email Address. If you don’t have the ability to do that, please send an email stating that you read and understand the Telemental Health Informed Consent Form and that you give permission for your child (type your child’s full name in the response email) to participate and include your typed signature.*