

Southwest Vermont Supervisory Union

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James R. Culkeen, Superintendent

Laura Boudreau, Asst. Superintendent

Consent for School Based Clinical Services

The SVSU offers school based clinical services. These clinical services include screening, assessment, brief intervention, treatment, and case management—which includes consultation with other school staff or involved community service providers (with written consent). General school support is also provided. Students are active partners in all aspects of their treatment and therefore, must consent to services.

We have a *number of* clinicians who are all trained and experienced in the services offered. *Name of clinician* _____ (*ABBREVIATION for licensure*) is licensed by the state of Vermont in *Licensure Discipline*. *Name of Clinician* _____ (*Abbreviation for degree Type*) is a Non-Licensed and Non- Certified Psychotherapist on track for licensure in the state of Vermont in _____ (*Licensure Discipline*). For more information regarding your assigned clinician's qualifications and experience, please review the attached disclosure form.

Students have a right to confidentiality and privacy. Student's clinical records will be stored in a secure file which is separate from the student's cumulative file. These files are not accessible by general staff. Information shared by a student is protected information which will remain private unless:

1. Student and/or legal guardian provides consent
2. There is suspected abuse or neglect of a child or disabled adult
3. A suicidal threat is made
4. A threat to harm others is made
5. There is a court order to disclose information
6. Required contact logs for Medicaid or fiscal billing audits
7. IEP due process or mediation procedures require records release

The clinician will make the student aware of these limits of confidentiality. In order to share information with a third party community partner, an additional release of information form must be signed by the student's legal guardian.

Please read the statements below and check the appropriate box:

- ☐ I have reviewed the services that may be provided by a School Based Clinician. I consent to those clinical services listed above.
- ☐ I have reviewed the services that may be provided by a School Based Clinician.
I **do not** consent to those clinical services listed above.

Student

Date

Student's Legal Guardian

Date

Clinician

Date