



Consent Form For Counseling Services

- Mental health services may include crisis intervention, individual counseling, group counseling, collateral service, and student and family self-help. Trained counselors provide mental health services.
- Mental health services may consist of face-to-face contacts between staff and students focusing on the presenting issues. The frequency and type of contact will be decided between the student and the PVPSA counselor. PVPSA providers share relevant information on an as needed basis to coordinate care and support individuals in meeting their goals.
- **School treatment services are provided at no cost to the individual.** If you would like your child or family to receive ongoing services or family counseling, contact PVPSA directly (728-6445).
- Maximum benefit from services will occur with regular attendance. Repeated failure to keep your appointments may result in services being discontinued. If you cannot keep your appointment, you are expected to notify the counselor.
- All information and records obtained in the course of providing mental health services shall remain confidential and will not be released without your written consent except under the following conditions: (Refer to W & I Code 5328 through 5328.9):
 - You are a non-emancipated minor, ward of the court, or have a conservator.
 - To government law agencies to protect the lives of federal and state elective constitutional officers and their families.
 - To the courts if subpoenaed.
 - To prevent bodily harm to another person.
 - To juvenile authorities when child abuse is observed or suspected (Penal Code Section 11165, et.seq.).
 - To prevent self-induced harm or death.
 - To Adult Protective Services when dependent adult or elder abuse is observed or suspected (Welfare & Institutions Code Sections 15630-15633 and 9381-9382).
- You have a right to accept, refuse or stop mental health services at any time.
- PVPSA's counselors will discuss their credentials, professional background, theoretical orientation and therapeutic methods with you if you contact them directly at the school site or PVPSA's counseling center (728-6445).
- The general goal of mental health services is to improve one's sense of well-being and ability to function. It is important that the counselor understands your hopes and goals. At times, therapy may require that students deal with unpleasant or painful experiences, feelings or thoughts, which can also put stress on relationships. Unfortunately, sometimes counseling doesn't result in the intended progress. Please discuss any concerns you have with your counselor.

I give PVPSA's assigned counselor _____ permission to provide services to my child/children listed below, and to have a copy of his or her School Emergency Form.

Name _____ DOB _____

Name _____ DOB _____

Print Parent/Guardian/Conservator Name

Print Parent/Guardian/Conservator Name

Parent/Guardian/Conservator Signature

Parent/Guardian/Conservator Signature

Date

Date

By signing this form, you acknowledge *PVPSA's Notice of Privacy Practice (NPP)* information was offered and explained to you. If you would like to see a copy, please ask the counselor directly, or call the counselor to have a copy mailed to you. If you have any questions about the *PVPSA Notice of Privacy Practices*, please ask the counselor or call the clinical program at 831/728-6445.

Does your child have Medi-Cal insurance? Yes No

If yes, would you like your child to receive counseling services from a Medi-Cal counselor?

No

Yes – Please provide your child's social security or Medi-Cal number and date of birth

Child's social security or Medi-Cal #: _____

Child's date of birth: _____