



## Video/Phone Counseling Consent Form

1. I understand that my school counselor wishes me to engage in virtual or phone consultations/sessions.
  2. I understand that virtual or phone consultation/ sessions have potential benefits including easier access to my school counselor and the convenience of meeting from a location of my choosing.
  3. My child's school counselor explained to me how the video conferencing technology that will be used to conduct such a consultation/session will not be the same as a direct student or parent and school counselor visit due to the fact that I will not be in the same room as the school counselor
  4. I understand that the school counselor will provide me with an overview of:
    - a. Technical issues relative to encryption
    - b. Protocol for technical failure
    - c. Limits to confidentiality in electronic communication
    - d. Emergency Plan for students <sup>1</sup>
    - e. Protocol for documentation and storage of student information
    - f. Conditions for which virtual school counseling may be terminated
    - g. Protocol for referral or coordination of care with outside providers.
  5. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my school counselor or I can discontinue the consultation/session if it is felt that the videoconferencing connections are not adequate for the situation. I will provide my/my child's school counselor with an alternative contact number in case there are interruptions in services or technical difficulties with my/my child's consultation/ session.
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6. I have had a direct conversation with my child's school counselor, during which I had the opportunity to ask questions about this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

7. Though my child's school counselor and I may be in direct, virtual (Zoom) or phone contact, neither Heather Tullier, MHS, PLPC, NCC, St. Dominic School, nor the Virtual/phone Service (Zoom) provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.

8. Virtual/phone sessions with the St. Dominic School Counselor are not an Emergency Service and in the event of an emergency, I will use a phone to call 911.

9. I understand that I am required to provide the number of the emergency services dispatch for my location. 911 is not sufficient, as I understand it routes to my child's clinician's dispatch.

10. I understand that I will be required to provide my current location and a phone number in case technology becomes interrupted at each session.

11. I do not assume that my/my child's school counselor has access to any or all of the technical information in the virtual/phone consultation/ session- or that such information is current, accurate or up-to-date. I will not rely on my school counselor to have any of this information in the virtual school counseling service.

12. To maintain confidentiality, I will not share my/my child's appointment link with anyone unauthorized to attend the appointment.

13. I understand that I will be required to show my photo ID for verification/security and if I am a caregiver for a minor child that will be receiving services, I understand that my child will be asked to state their name and age.

14. I understand that once the virtual school counseling link is used for the scheduled appointment, I will not be able to use the link for future sessions. I understand that I will request future appointments through email or calling the school counselor. Should an urgent/emergent matter arise, I understand that I will contact 911.

15. I understand that school counselors do not provide ongoing, long term therapy and if it is needed, the school counselor will refer my child to an outside provider.

16. I understand that I must not leave the premises during the duration of my child's session should an emergency arise.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

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|---------------------|------|
| Signature of Client | Date |
|---------------------|------|

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|------------------------|------|
| Printed Name of Client | Date |
|------------------------|------|

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| Signature, Heather Tullier, MHS, PLPC, NCC | Date |
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| Printed Name Heather Tullier, MHS, PLPC, NCC | Date |
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|------------------------------------|------|
| Signature Ashley Lynn Ogden, Ph.D. | Date |
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|---------------------------------------|------|
| Printed Name Ashley Lynn Ogden, Ph.D. | Date |
|---------------------------------------|------|

If client is a minor: I, \_\_\_\_\_ give permission for Heather Tullier,PLPC  
to conduct school counseling with my child \_\_\_\_\_ .

Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to minor \_\_\_\_\_