



# **Baltimore County Public Schools**

## **INFORMED CONSENT**

### **FOR TELEMENTAL HEALTH SERVICES**

I \_\_\_\_\_ hereby grant consent for my child  
Name of parent or legal guardian  
\_\_\_\_\_ to participate in telemental health services in a virtual group  
Name of student

setting with their school counselor who is employed by the Baltimore County Public Schools. I understand that telemental health is the practice of delivering mental health care services via assisted media or other electronic means between a practitioner and a client who are located in two different locations.

I understand the following with respect to telemental health:

- 1) I understand that my child's participation in a virtual group engagement with their school counselor is voluntary, and I have the right to withdraw consent at any time without affecting my child's right to future support or program benefits to which they might otherwise be entitled.
- 2) I understand that during a telemental health group 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 five minutes, students should leave the meeting and the session will be rescheduled.
- 3) I recognize the limitations of confidentiality in the virtual group counseling setting, which may include unintended viewers or recipients who may be in the room but off screen and could potentially breach confidentiality of group members.
- 4) I understand that there will be no recording of any of the online group sessions by either party.
- 5) I understand that if my child is having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, the school counselor may need to contact me via the emergency information I have provided below in the event of an emergency.
- 6) I understand that the privacy laws that protect the confidentiality of the student's protected health information (PHI) under HIPPA and personally identifiable information (PII) under FERPA also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).



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**Emergency Protocols**

The school counselor needs to know where your child is located in case of an emergency. You grant permission for your child to inform me of the address where they are located at the beginning of each session. The clinician also needs a contact person who they may contact on your child's behalf in a life-threatening emergency.

I anticipate that my child will be participating in telemental health services at the following location:

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Address where child will be during the school day

In the event of an emergency, I can be reached at the following address and phone number:

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Parent or legal guardian's location during the school day and daytime phone number

I have read and understand the information contained in this form and had all of my questions answered to my satisfaction.

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Signature of parent or legal guardian or, if student is age 18 or over, signature of the student

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Date