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).
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:

______________________________________________________________________________________
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:

______________________________________________________________________________________
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.

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

__________________________________________     ____________________________
Date