



Parent/Guardian Consent for In Person and Telehealth Services

I _____ of
Parent/Guardian Name *Relationship to Student*
_____ (birth date _____) give permission for my child to
Name of Student *Month/Day/Year*

receive services by the staff of Partnership with Children during the **2024 - 2025 school year (July 1, 2024 - June 30, 2025)**. These services may include individual or group counseling, attendance and academic support, and case management. These services may be conducted in person and/or virtually. I understand that the purpose of the services is to facilitate my child's academic and socio-emotional success. I acknowledge that no guarantees have been made to me as to the results of the described services and interventions. I understand that I can revoke this consent and request a copy of my child's Partnership with Children records at any time.

In order to assess the needs of your child and coordinate services with the school, we will ask for verbal and written feedback from his/her teacher(s) and we will gladly share the information with you. In addition, to best support your child, PWC may request information from the school and/or the New York City Department of Education including but not limited to, demographic information, school enrollment and attendance, disciplinary actions, grades, and New York State test scores; and, for high school students, information on Regents exams, credits and graduation. PWC may share with school staff information specific to your child's individual and group counseling such as, the reason for referral, when students are participating in counseling, and our counseling goals. You, the parent/guardian, have access to all of this information as well.

ABOUT TELEHEALTH SERVICES

Telemental health is the practice of delivering counseling services via technology assisted media or other electronic means between a practitioner and a client located in two different physical spaces. The risks associated with telemental health services, include but are not limited to disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies. There will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential. In some cases, it may be determined that telemental health services are not appropriate. When that occurs, appropriate service recommendations will be made.

ABOUT CONFIDENTIALITY

Our progress notes are always kept confidential and will not be revealed to others unless there is a written consent. There are, however, a few exceptions. They are as follows:

1. The Social Worker is required by law to report suspected child abuse or neglect.
2. If your child tells a Social Worker or school staff that he/she/they intend to harm another person, we must try to protect that person. This may involve telling that person, calling the police or another provider. Similarly if your child threatens to harm himself/herself/ themselves, we will try to protect him/her/them by telling others, like the police, relatives or other health care providers, who can assist in protecting them.
3. If you are involved in certain court proceedings, the Social Worker may be required by law to reveal information about the services we are providing.



In all of the above situations, your Social Worker will try to discuss the specific situation with you before any confidential information is revealed, and will reveal only the least amount of information that is necessary.

By signing below, I am agreeing that the following information has been explained to/ discussed with me:

- PwC Services
- Exchange of Information
- Reasons for referral
- Confidentiality
- Telehealth Services

Parent/Guardian Signature

Date

Telephone #:

Student Signature (if 18 or older)

Date

Telephone # _____

FOR PARTNERSHIP WITH CHILDREN STAFF ONLY:

Partnership with Children staff must check and initial the following statement:

☐ I confirm that I have received verbal consent for in-person and virtual counseling services as detailed in the above form. ____ (Type in initials)



In addition to the services listed above, _____ provides
consent for the following:

Parent/guardian

☐

The taking and use of photos or videos of my child for the purposes of promotion/publicity for Partnership with Children. I also grant Partnership with Children the right to edit, use and reuse these photos/videos in publications and on their website for nonprofit purposes sponsored by Partnership with Children.

☐

The use of artwork created by my child for the purposes of promotion/publicity of Partnership with Children. I also grant Partnership with Children the right to use and reuse this artwork in publications and on their website for purposes sponsored by Partnership with Children.

I understand that my consent is completely voluntary, and that not providing consent for the above will have no impact on my child's eligibility to participate in Partnership with Children's services.

Student Name

Date

Parent/Guardian Signature

Date

Student Signature (if 18 or older)

Date

FOR PARTNERSHIP WITH CHILDREN STAFF ONLY:

☐

I confirm that I have received verbal photo consent as detailed in the above form. _____ (Type in initials)