

Informed Consent Student Participation in Virtual Counseling

Student's Full Name: _____ Homeroom: _____ DOB: _____

Parent/Guardian Full Name _____ Cell Phone (best contact): _____

Please read this consent form carefully, as it describes the policies and procedures for use of Virtual Counseling as a technological connection means for counseling. For the purposes of definition, Virtual Counseling is defined as counseling treatment with the school counselor which occurs not in physically-present sessions in the office, but through internet access via Zoom or similar technological availabilities.

What You Can Expect from Virtual Counseling:

1. The counselor will provide these sessions only as a transitional means to continue counseling support during the COVID-19 outbreak beginning March 18, 2020.
2. You, as the parent of the minor, understand that Virtual Counseling sessions have limitations and benefits compared to in-person sessions, among those being the lack of true in-person "personal," face-to-face interactions and the lack of in-person full body visual and audio cues provided in the office-based counseling process.
3. You understand that Virtual Counseling online counseling therapy is not appropriate treatment if the student is experiencing a crisis or having suicidal or homicidal thoughts. If a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room.

Confidentiality:

1. You, as the parent of the student, agree to work with me using Virtual Counseling treatment as a mode of access using either Zoom or other similar online technology. Should the computer system stop working, please be aware that unless we are both on land line phones, should a session occur via cell phone, our conversation is not guaranteed confidential.
2. I will provide a confidential private conversation physical space for these sessions to occur in. Please determine that you as well have privacy in the room the student is in as I cannot ensure this from my end. This would include privacy from unintended viewers or recipients overhearing our conversation.
3. I encourage you to only communicate through a computer that you know is technologically-safe wherein your confidentiality can be ensured. Be sure to fully exit all online counseling sessions.
4. If we are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 10 minutes. If reconnection is not possible and a significant portion of the session time is left, we will schedule a new session time to finish.

I consent to the above described Virtual Counseling treatment parameters for my minor above named child.

By submitting this form via email, your electronic signature below represents consent for your child to participate in virtual counseling with Ms. Uzma Baig.

Signature: _____ Date: _____