



CONSENT FOR COUNSELING SERVICES

This is a consent form to receive counseling services and related services from an employee at Christian Counseling Collective (CCC). The counselor will be working at your school, providing services during both school and after-school hours. In order to receive services from the counselor, the parent or legal guardian of the student must sign this consent form. Clinical professionals are employed by CCC and are not the agents or employees of San Jose Christian School (SJCS). They will serve as CCC On-Campus Therapists assigned by CCC to SJCS.

COUNSELING SERVICES

Counseling often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress; however, there are no guarantees of what you will experience. Counseling services may include individual counseling, group counseling, crisis intervention, observation, and/or assessments to measure the progress of treatment. Outside resources may also be provided.

Mental health and wellness counseling services are designed to support students and families in addressing and handling various social and emotional concerns that may arise during the school year. Students are referred by their teachers, counselors, staff, parents, friends, or themselves.

Counseling can have benefits and risks. Since counseling often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counseling has also been shown to have benefits on the mental health and well-being for people who go through it.

SERVICES

You will receive counseling services from an Associate Marriage and Family Therapist or a Marriage and Family Therapist Trainee. The counselor is registered with the California Board of Behavioral Sciences.

PROFESSIONAL RECORDS

The counselor is required to keep confidential treatment records.

MINORS

A parent or legal guardian is required to sign this consent form for any student under the age of 18. Due to confidentiality, it is CCC's policy to request an agreement from parents or legal guardians that they grant access to students counseling records, and by signing this consent form, this agreement is made. Per this agreement, only general information will be provided to parents and staff, unless the counselor feels there is a high risk of serious harm to yourself or someone else.

CONFIDENTIALITY

In general, the information discussed during counseling is confidential and the counselor can only release information about what is discussed during counseling with your written permission. There are a few exceptions to this rule.

We reserve the right to share information with other CCC staff and staff members who work at the students school/school district. In a school setting, collaborating with other professionals is often beneficial and necessary, but when considering what information to share, the counselor always considers what is in the best interest of the student. This may include accessing a student's cumulative record, classroom observation, or conversations with a student's teacher.

In most legal proceedings, you have the right to prevent CCC counselors from providing any information about your treatment. In some proceedings involving child custody and those in which the student's emotional condition is an important issue, a judge may order that a testimony be made.

There are situations in which the counselor may be legally obligated to take action to protect others from harm, even if it means revealing some information about a client's treatment. For example, if it is believed that a child, elderly person, or disabled person is being abused, a report will be filed with the appropriate agency.

If it is believed that a client is threatening serious bodily harm to another, the counselor will take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, the counselor may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.



Electronic forms of communication (e.g., email, cell phone, fax) have risks that may compromise confidentiality. Even with appropriate security, the use of computers also entails some risk. We are not a covered entity under the Health Insurance Portability and Accountability Act (HIPPA) because we do not bill insurance companies for any services, nor do we do any electronic billing.

TELEHEALTH/TELE THERAPY

Because of recent advances in communication technology, the field of tele/online-therapy has evolved. It has allowed individuals who may not have local access to a mental health professional or who are subject to health-related quarantine to use electronic means to receive services. There are some differences between teletherapy/online and face-to-face therapy, so please let us know if any questions or concerns come up. This consent form applies to both teletherapy and face-to-face therapy.

In order for you to take advantage of this program, please sign the enclosed consent for treatment form. Please understand that all services provided are provided by CCC as an independent contractor and not by SJCS. Likewise, CCC staff are not the agents or employees of SJCS or authorized to speak or act on behalf of SJCS.

CONSENT FOR TREATMENT OF MINOR

I/We, _____, am/are the parent(s)/guardian(s) of _____ (student); and have the authority to execute this Consent for Treatment of a Minor (consent form) and hereby consent to on-campus and telehealth counseling services by Christian Counseling Collective at SJCS and/or telehealth for _____ (student) to be conducted by a professional clinical counselor Trainee and/or Associate with Christian Counseling Collective and supervised by Supervisors at CCC.

I/We consent to the above-mentioned therapist(s) consulting with SJCS staff in order to provide the best quality of care. I/We also understand and expressly agree that CCC is an independent contractor and neither it nor its therapists, trainees, agents, or employees or staff are the agents or employees of SJCS nor are they authorized to speak, bind, or act on behalf of SJCS. I/We further acknowledge that and agree since CCC is an independent contractor, SJCS is not responsible for any alleged acts or omissions of any CCC, therapists, trainees, agents, or employees.

This Consent Form may be executed in one or more counterparts, each of which shall be deemed as original, and all of which taken together, shall constitute one and the same instrument. Furthermore, a facsimile, electronic, or similar representation of signature shall be regarded as an original signature to this Consent Form, unless otherwise required by law. This Consent Form may be executed and delivered by the exchange of electronic, facsimile or .PDF (or similar) copies or counterparts of the signed documents, which facsimile or .PDF (or similar) copies or counterparts shall be binding on the parties.

I have read, understood and agreed to the above on behalf of myself, and for any Parent/Guardian, also on behalf of the student, named above.

Parent's name: _____

Parent/Guardian signature _____ Date: _____

Student's name: _____

Student Signature (mandatory if adult student): _____ Date: _____

Telephone/Email: _____

Texting OK – Circle: Yes No

Thank you. We look forward to supporting the mental health and wellness of students and your minor child at San Jose Christian School.

Warm Regards,

Tina Engel, MFT
Executive Director, CCC