

## **Tilton School Counseling Services 2020-2021**

*Informed Consent for Counseling Services – Please keep this page for reference*

The drop-in school counselor, Ms. Angela Juurlink LCMHC, is available to all students to discuss a wide range of concerns and is familiar with the problems that adolescents face. The counselor is available to talk about and to listen to concerns of students and develop appropriate strategies and referrals to attempt to address these concerns. The most common issues discussed are peer and family relationships and school concerns, however, this is not an exhaustive list and other issues are discussed as they arise. The counselor is available to see any student on a short-term basis during office hours in the Health Center counseling office, or by appointment. In order to provide open access to as many students as possible, the counselor does not provide on-going long-term therapy, but works with students and families to make such arrangements with private counselors as appropriate.

All parents are asked to sign an informed consent form so that their son or daughter may receive immediate assistance or support from our counselor, Angela Juurlink, at any time that such attention may be needed or requested. Parents and students should read this consent form carefully and discuss any questions you have with the counselor before signing below.

### **CODE OF ETHICS AND QUALITY OF CARE**

The drop-in school counselor is a licensed clinical mental health practitioner, who is governed by the Code of Ethics of the American Association for Mental Health Counselors. Copies of this code are available at all times in the Counseling Office. The counselor's license and the Mental Health Bill of Rights are also posted in the office. Please request a copy of the Mental Health Bill of Rights or additional information if you would like.

We make every effort to deliver the highest quality, most effective care possible. We ask the student's participation in planning, implementing, and completing his/her treatment. We encourage students and parents to be honest about how we are doing. For more information about licensed mental health professionals or to file a complaint, contact the New Hampshire Board of Mental Health Practice, 105 Pleasant Street, Concord, NH 03301.

### **BENEFITS AND RISKS**

Counseling can have benefits and risks. Since unpleasant aspects of one's life may be topics of conversation with a counselor, uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness can occur. On the other hand, counseling has also been shown to have benefits as it can lead to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what one will experience.

## **CONFIDENTIALITY**

Tilton School encourages students to develop a relationship of trust with healthcare providers and to be candid about their health histories and risk behaviors. For this reason the school encourages parents to respect the privacy of students who may not wish to share certain information. On the other hand, the school will also encourage the students to communicate with their parents on such matters. In any event, the school counselor will share information with parents and (by signing this form) parents authorize the school counselor to share information with school administrators and/or faculty when it is appropriate to meet the health or safety needs of the student and/or the school community.

Students are always free to share (with anyone they want) information revealed during counseling sessions. However, ethical practice and state law require the counselor to keep all therapy related communications strictly confidential, except under certain circumstances. These include but are not limited to: • When there is a serious threat of harm to someone else or property; • When there is suspicion that a child or incapacitated adult is being abused or neglected; • When there is knowledge of student hazing activities; • When the counselor witnesses or has information from the victim of a criminal act covered by the Safe School Zone Act; • When mandated by a court order or authorized by a valid release of information. Additionally, students age 14 or older may access confidential care for sexually transmitted diseases and reproductive healthcare.

Information may be shared confidentially with another licensed practitioner for the purpose of professional consultation. This helps ensure that the student is receiving the best possible care. Under New Hampshire state law, parents of children who are under 18 hold the privilege to see and release their child's mental health records. However, Tilton School recognizes that trust is fundamental to the therapeutic alliance, as well as to students' comfort in seeking counseling. For this reason, we request that parents respect the privacy of students who may not wish to share certain information.

## **PROFESSIONAL BOUNDARIES**

Licensed mental health practitioners are obligated to maintain appropriate professional boundaries (relationships) with present and past clients. For example, we cannot accept gifts from clients, nor is it ever appropriate to have romantic or sexual relationships with present and past clients. Do not hesitate to raise any questions you may have regarding professional boundaries.

## **FEES AND RECORDS**

There is no fee for seeing the drop-in school counselor and no insurance company is billed. However, if you and your child choose to have your child see a private counselor on campus or a clinician in the community, the parents are responsible for any fees relating to that service as well as any associated transportation costs.

## **AVAILABILITY AND EMERGENCY COVERAGE**

Angela Juurlink is on campus five days per week and access to emergency services during hours when the drop-in counselor is not on campus is provided through the Health Center. Emergency coverage and specialized referrals are available through the Health Center and Lake Regions General Hospital. Confidential voicemail may be left at the counselor's extension at any time. Voicemail and email is checked regularly and every effort is made to return messages promptly.

All health related emergencies are initially processed by calling the Administrator of the Day. In the case of a suspected medically related mental health emergency, dial 911 and call the Administrator of the Day and/or the school nurse.

## **SCOPE OF PRACTICE**

The school counselor is happy to discuss with students and parents details of training, knowledge, skills, experience, and credentials. When a situation would be best treated by a clinician with different qualifications or areas of expertise, we make appropriate referrals. Students required by the Dean of Students Office to participate in drug and alcohol screenings and/or counseling will be seen initially by the school counselor and, as appropriate, by an off-campus licensed drug and alcohol professional. Transportation costs as well as costs associated with treatment for such issues are the responsibility of the parents.

The school counselor attends weekly meetings of the Deans Team, a group of program leaders who review individual student progress and develop supportive action plans to assist student growth and development.

## Tilton School Counseling Services 2020-2021

### *For Parents:*

**I have read, reviewed, and understand the above information. I am aware that I may raise any questions I have about the counseling relationship at any time. I consent to my child engaging in counseling services as needed and to the counselor sharing information with school administrators, school employees or agents of the school, as described above, when, in her opinion, it is appropriate to meet the health or safety needs of the student or the community or the legal responsibilities of the School.**

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*Parent Signature Date Print Parent Name*

### *For the Student:*

**I have read, reviewed, and understand the above information. I am aware that I may raise any questions I have about the counseling relationship at any time. I agree to participate in counseling with the understanding that the School Counselor may share information with school administrators, school employees or agents of the school, as described above, when, in her opinion, it is appropriate to meet my health or safety needs or those of the school community or the legal responsibilities of the School.**

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*Student Signature Date Print Student Name*

### *For the Student Over 18:*

**I have read, reviewed, and understand the above information. I am aware that I may raise any questions I have about the counseling relationship at any time. I consent to participating in counseling with the understanding that the counselor may share information with school administrators, school employees or agents of the school, as described above, when, in her opinion, it is appropriate to meet my health or safety needs or those of the school community or the legal responsibilities of the School.**

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*Student Signature Date*

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*Print Student Name*

**Once signed, please return this page only to the Tilton School Health Center, Attn: Angela Juurlink, 30 School St. Tilton, NH 03276. Fax 603.286.5164**