



SUSSEX COUNTY TECHNICAL SCHOOL
 School Based Youth Services Program - The Student Center



Self-Consent Form - Age 16 and Older
SBYSP/APPI Counseling Services

The objective of the School Based Youth Services Program and Adolescent Pregnancy Prevention Initiative is to help assure that teens will obtain needed assistance in an accessible location. The goal of the program is to have teens who graduate, are employable, and are mentally and physically healthy.

The SBYSP and APPI programs provide a comprehensive set of services to teens at their school. These services include: mental health; substance abuse and family counseling; access to preventive and primary health care including family life education; employment and recreation. All Clinicians are Licensed or Certified by the State of New Jersey or interning through an accredited Institution of Higher Learning Program and under the Supervision of a Certified Clinical Professional licensed by the State of New Jersey.

I, _____ consent to receive counseling services by the School Based Youth Services Program and/or Adolescent Pregnancy Prevention Initiative at Sussex County Technical School. I am 16 years of age or older at the time of this consent. Any questions I have about this program have been answered. If at any time I have questions or concerns regarding my participation, I will raise them with the appropriate school personnel.

Demographic Information (each answer optional) Race/Ethnicity: _____

Gender Identity: _____ Sexual Orientation: _____

 (Signature of Student)

 (Signature of Witness)

_____ I consent: (OR) _____ I do not consent: for the Student Center staff to share information about me **to the Guidance Department** and/or to receive information me **from the Guidance Department**

_____ I consent:(OR) _____ I do not consent: for the Student Center staff to share information about me **with my parent(s)** and/or to receive information about me **from my parent(s)**.

_____ I understand that counseling is part of my IEP.

_____ I understand that counseling is part of my 504 plan.

_____ I consent: _____ I do not consent: that the Student Center Clinician working with the above-named student has the ability to access Child Study Team records to assist in providing the best possible treatment. These records include, but are not limited to: evaluations, testing reports, family history, IEP's, school records and case notes. ***By consenting, I am agreeing to allow full communication about my treatment between the Student Center and my Child Study Team counselor.***

 (Name)

 (Date)

please see other side for other signatures required



Limits of Confidentiality

The contents of therapy sessions provided at the Sussex County Technical School's Student Center are confidential, in accordance with Federal and State law and professional code of ethics. Verbal and written information about a client cannot be shared with another person without the written consent of the client and the client's legal guardian.

Contents of sessions with a minor client will not be shared with persons including parents without the client's consent.

The exceptions to this policy are the following:

1. **DUTY TO WARN AND PROTECT:** When a client discloses intentions or a plan to seriously harm another person, the therapist is required, by state law, to warn the intended victim and report this information to proper authorities. In cases in which the client discloses or implies a plan for suicide, the therapist is required, by state law, to take action to protect the client. For the Student Center therapist, this involves notifying appropriate school personnel and the minor client's parents/guardian.
2. **CHILD ABUSE:** If a minor client reveals information that suggests or indicates that he/she is being seriously neglected, abused or in danger of being abused by an adult, the therapist is required, by state law, to report this information to DCF's Division of Child Protection and Permanency (formerly known as DYFS).
3. **CONSULTATION/SUPERVISION:** Therapists discuss cases with other mental health professions (individual and peer supervision) in order to provide the best possible treatment.
4. **AGE OF CONSENT:** In accordance with NJ A3435, Boys and Girls Clubs Keystone Law (<https://www.nj.gov/dcf/families/Keystone-Law-FAQ.pdf>) signed January 19, 2016, minors 16 years and older are permitted to give consent for behavioral health care. Students under age 16 require parental consent to participate in the program.

I understand and agree to the Limits of Confidentiality listed above.

(Student Signature)

(Date)

(Date of Birth)

(Grade)