

Student Assistance Program Registration and Consent to Treat a Minor

Background: Kearney Public Schools offers all Grades 6-12 students the opportunity (but in no way requires any student) to participate in mental health and counseling services (the Student Assistance Program, or “SAP”) through Health Management Systems of America (“HMSA”). KPS believes that student mental health is of primary importance, and KPS desires to provide key resources to students to help their well-being. With that being said, KPS also acknowledges the critical role that parents play in their student’s decision-making process. As a result, before any KPS student may participate in the SAP, KPS requires at least one student’s parent or guardian to give prior written consent. Only those students who receive parental permission will be allowed to access the SAP. A parent may revoke their consent at any time by notifying KPS and HMSA in writing. After a parent gives consent, KPS and HMSA will continue to allow the student to access the SAP, unless or until the parent revokes consent in writing or the student is no longer enrolled at KPS.

SAP Program Options: The SAP includes two supports for students to visit with a certified life coach and/or licensed mental health counselor: (1) by phone and/or (2) by text. A parent is not required to consent to the SAP. However, by consenting to the SAP, the parent consents to their child participating in both supports through the SAP.

Parental Consent to SAP Services by Phone Call

By agreeing to participate in the SAP, the parent affirmatively acknowledges and agrees that:

- HMSA will assign each student to a certified life coach and/or licensed mental health counselor. KPS has no control over and cannot verify any licensure or credentials of any life coach or mental health counselors. Any questions regarding any coach or counselor’s qualifications must be directed to HMSA.
- The student may call and speak directly with their assigned coach or counselor and the coach or counselor may communicate with the student about the student, the student’s health, and other related topics that may be personal or sensitive in nature. Conversations between coaches, counselors, and the student will usually constitute confidential and privileged communications. Those communications will typically not be accessible to a parent or KPS.
- If an SAP counselor determines that the student requires a higher level of care that is outside the scope of the SAP, the counselor may refer a student to a different provider. KPS may not be aware of any such referrals or emergencies, so parents are strongly encouraged to communicate this information to KPS.
- Parents acknowledge that KPS will have little to no information about their student’s counselor or counseling sessions.

Parental Consent to SAP Services by Text Message

By agreeing to participate in the SAP, the parent affirmatively acknowledges and agrees that:

- HMSA will assign each student to a certified life coach and/or licensed mental health counselor. KPS has no control over and cannot verify any licensure or credentials of any life coach or mental health counselors. Any questions regarding any coach or counselor’s qualifications must be directed to HMSA.
- The student may text their assigned coach or counselor and the coach or counselor may text with the student about the student, the student’s health, and other related topics that may be personal or sensitive in nature. Conversations between coaches, counselors, and the student will usually constitute confidential and privileged communications. Those communications will typically not be accessible to a parent or KPS. Additionally, data storage restrictions may limit the ability to save and retrieve text messages over time.

- Any messaging or data charges incurred via the SAP will not be reimbursed or paid for by KPS. KPS cannot guarantee the security of any text messages or student device. By communicating sensitive, health related information by text message, the communicators bear the responsibility to ensure that those messages and device are secure and not subject to any data breaches by a third party.
- If an SAP counselor determines that the student requires a higher level of care that is outside the scope of the SAP, the counselor may refer a student to a different provider. KPS may not be aware of any such referrals or emergencies, so parents are strongly encouraged to communicate this information to KPS.
- Students who send inappropriate messages or commit school rule violations through the text program may be subject to school discipline.

Disclaimers and Release of Liability

By signing this consent form, the parent and student affirmatively acknowledge and agree that there are risks inherent and assumed when communicating sensitive information to a third party. Those risks include, but are not limited to, such information being intercepted or obtained by an unauthorized individual, changes to one’s mental state, changes to existing relationships, and so forth. Since this program is completely voluntary, each parent and student acknowledge that they understand and assume these risks and nonetheless desire to allow the student to participate in the SAP.

The parent and student further acknowledge and understand that communications between the counselor and student will not ordinarily be made available to any staff member of KPS. As a result, by signing below, the parent agrees to indemnify and hold harmless and does hereby release, acquit, and forever discharge Kearney Public Schools and all of its officers, employees, agents, assigns, and all other persons or companies from any and all claims, actions, or causes of action which the parent/guardian or student now have, or which may hereafter accrue, whether known or unknown, that arises or occurs during or as a result of the SAP.

By signing below, the parent acknowledges that they have read this form, agree to all of the form’s contents, understand that this program is entirely voluntary, and desire for the student to participate in the SAP.

(Check all that apply)

- I consent to the student participating in the SAP.
- I do not consent to the student participating in the SAP.

Printed Name of Student

Student Signature

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date