R.E.A.C.H.

Reaching Educational Achievements with Clinical Mental Health

Located at Ferndale Area Junior / Senior School
600 Harlan Ave.
Johnstown, PA 15905

Communication Through Technology

I understand that all professional efforts will be made to ensure the Client's Protected Health Information will be kept secure following HIPAA guidelines and only released under terms above or with signed release of information by client over 14 years of age or Parent/Guardian if under 14 years of age. By signing below, I understand and agree to the terms of confidentiality and HIPAA compliance. Use of work cell phone communication from Counselor to Student will only be for scheduling purposes.

Student	
Name:	**School Email Address:**
Primary Phone: **( ) - -**	**Personal Email Address:**

Parent/Guardian #1	
Name:	**Email Address:**
Primary Phone: **( ) - -**	**Secondary Phone:** **( ) - -**

Parent/Guardian #2	
Name:	**Email Address:**
Primary Phone: **( ) - -**	**Secondary Phone:** **( ) - -**

By initialing, I am giving permission to use the following forms of communication to be contacted by the Counselor throughout treatment. I understand confidentiality cannot be ensured completely through texting or email communication. However, every attempt will be made by Counselor or staff to ensure confidentiality is maintained.

_____Email Communication **_____Email Communication** **_____ Email Communication**
Student Initial for Consent Parent # 1 Initial for Consent Parent #2 Initial for Consent

_____ Phone Communication **_____ Phone Communication** **_____ Phone Communication**
Student Initial for Consent Parent # 1 Initial for Consent Parent #2 Initial for Consent

_____ Text Message Use **_____ Text Message Use** **_____Text Message Use**
Student Initial for Consent Parent #1 Initial for Consent Parent # 2 Initial for Consent