

FAMILY COUNSELING PROGRAM INFORMATION SHEET

The Family Counseling Program is a full-service counseling service. The program provides short-term individual, family, and group counseling by experienced, licensed therapists. Please feel free to visit our website at www.browardschools.com. In order to provide the best possible service to you, we ask that you review the following information. If you have any specific questions or concerns, please address them with your therapist.

1. According to program guidelines, The Family Counseling Program provides short-term Individual counseling and family intervention. This program does not provide long-term therapy, that is provided by other community agencies or private practitioners. **Hours of operation are limited to office hours. In case of an afterhours emergency, please call the crisis line at 211 or 954-537-0211 or 911.**
2. The demand for counseling is high; therefore, cancellation of a scheduled appointment **must** be made at least **24 hours in advance** of the appointment. While it is recognized that unplanned situations do occur, policy states that counseling services will be discontinued after two (2) canceled appointments.
3. **If you do not attend your scheduled appointment, have not contacted us to cancel it, and do not return our communication to you, your time slot will be given away immediately. Resuming services may require placement on a waiting list.**
4. Please bring only family members involved in counseling to the office. It is also requested that any ill or contagious family member not attend the session.
5. Clients arriving late for a scheduled appointment will not be given extended counseling time. If you are more than 15 minutes late without calling, another client may be put in your time slot and you will be rescheduled upon arrival.

PRIVACY AND CONFIDENTIALITY:

6. Please refer to the Privacy Notice posted in the counseling office. Your family has a right to privacy and confidentiality, which will be honored with the following exceptions:
 - *A subpoena by a court of law which requires the release of the information specified by the subpoena;*
 - *Statements of self-injurious behavior, intent to harm oneself or others, will result in the notification of the appropriate authorities and intended victims;*
 - *Information concerning suspected child abuse or neglect which must be reported as mandated by Florida Statute 415.504;*
 - *Information regarding treatment of a minor without parental consent which can be shared with the parent(s), legal guardian(s), or legal authorities;*
 - *Clinical supervision, case review, invoicing, and auditing for quality assurance;*
 - *Demographic information (race, sex, date of birth, etc.) and dates/types of service that become part of a county database for billing purposes.*
 - *In the school setting some non-clinical information may possibly be shared with school personnel (classroom location, etc.). Any clinical information may only be shared after the student's parent or legal guardian has signed a Release of Information*
 - *If your family or your child qualifies for, and receive therapeutic services through SBBC under BCCPD grant funding, BCCPD will also be notified if your child is affected under categories A or B below:*
 - **Category A:** Abuse Hotline (by staff) Child death, Child on child sexual abuse, Evacuation, Injury to client, Injury to staff by client Media event, Sexual abuse/Sexual battery, Weapons/Contraband 911 calls
 - **Category B:** Auto accident transporting a client, Baker Act, Client arrest, Client altercation, Contagious illness, Death (within 30 Days of Discharge) Death or significant injury of a visitor on school grounds, Fraud, Human acts that jeopardize health, safety or welfare of clients such as kidnapping, riot, or bomb or biological / Chemical threat, Illegal activity(ies) involving Clients or School Staff, Notification of any lawsuit(s) initiated against Provider(SBBC). Property damage affecting housing quality of safety or affecting equipment purchased with county funds, Self-injury that leads to hospitalization, Suicide attempt, Theft, vandalism, damage, fire, sabotage, or destruction of county, state or private property

7. ELECTRONIC RECORDS I acknowledge and consent to the following: By accessing FCP services, my personal information will be stored on SBBC's electronic records system. This system is implemented by a third-party contractor required to protect your information with all of SBBC's required privacy and security safeguards. My signature below signifies that I have read, understand, and accept the limits on confidentiality and referral liabilities and have had the opportunity to discuss confidentiality with FCP staff at my orientation session. I understand that I am under no legal obligation to sign this consent form or to disclose any information to FCP staff. This consent will remain in effect for 1 year after the date I sign it or as long as I am a FCP client, whichever period is longer, unless I revoke it orally or in writing at an earlier date. I authorize use of my electronic signature as my acknowledgment of the content of this release.