

School Counselor  
Virtual School Counseling Informed Consent K-8

*4J School Counselors are licensed by the State of Oregon and follow the American School Counselor Association National Model and Ethical Standards.*

**Virtual School Counseling:** I understand virtual school counseling is the practice of delivering school counseling services via technology-assisted media or other electronic means between a counselor and a student who are located in two different locations.

**Provisions of Services:** Services can include short-term individual counseling (with parent/guardian permission), group counseling, crisis support, and referrals as needed. I understand that school counseling services are aimed at supporting the social-emotional wellbeing of my student. I understand that these services are not intended as a substitute for ongoing mental health treatment, diagnosis, or medication/medication management, nor a replacement for immediate crisis intervention. I acknowledge that it is my responsibility to determine whether additional or different services are necessary. I understand that I am free to end counseling at any time. Virtual counseling supports are projected to continue being offered through the end of the 2019-2020 academic school year.

**Benefits/Risks:** I understand that there may be both benefits (including, but not limited to, my student experiencing continuation of a supportive relationship with a familiar adult) and risks (including, but not limited to, service interruptions or breaches of confidentiality by unauthorized persons) associated with participation in virtual counseling. If service interruptions or connectivity issues occur, the counselor will attempt to call back/re-connect. If he/she/they cannot reconnect, the session may need to be rescheduled.

**Confidentiality:** I understand that privacy laws which protect confidentiality in the school setting also apply in virtual counseling, as do limits to confidentiality including: threats of harm or risk/danger to self or others; evidence or disclosure of abuse or neglect; threats to school security; or relevant legal proceedings. Services/supports may not be recorded by either party.

I, \_\_\_\_\_, am the legal parent/guardian of \_\_\_\_\_. I have read, understand, and agree to the terms of the Virtual School Counseling Informed Consent.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

4/30/20