

Counseling Service Consent Form



SHIELDS for Families (“SHIELDS”) is looking forward to providing your child/ren with counseling support at _____ (“School”) for the 2023-2024 school year. Let us first introduce ourselves: we are a non-profit organization located in South Los Angeles and have been providing mental health services within the community for over 30yrs. Our team is skilled in supporting youth and families navigating the complexities faced throughout their lifespans. We hope to be an additional support to your child/ren as they navigate this school year.

SHIELDS will be providing a behavioral intervention program designed to provide support to students whose learning is negatively impacted by issues such as an inability to excel academically, manage emotions, resolve conflicts, and/or engage in successful school relationships. The purpose of our program and the counselor’s activities will be to reach short and long-term academic and personal goals to improve academic outcomes, and to decrease disruptive or counterproductive behavior. Services may include intake assessment, short-term individual counseling, crisis intervention, group counseling, and outside referrals as needed for those students who have additional or more serious mental health issues. School counseling is not intended to take the place of medical, psychological, or psychiatric treatment and medication.

Your personal records are confidential. Records are retained by SHIELDS and do not become a part of a student’s school file. You will have access to your personal records as provided for by Federal and state law. Please refer to SHIELDS’ Notice of Privacy Practices for a full statement about our policies and procedures regarding the safeguards that your protected health information will receive.

Sections 11164 through 11174.3 of the California Penal Code require that all members of SHIELDS’ workforce who, within the scope of their employment or professional capacity, have knowledge of or observe a child whom they know or reasonably suspect has been the victim of child abuse to report the known or suspected instance of child abuse to the Los Angeles County Department of Children and Family Services (DCFS) as well as to the appropriate law enforcement agency. All child abuse reports must be made immediately or as soon as practically possible by telephone and followed up with a written report.

Reporting of suspected child abuse or neglect is exempt from Federal regulations of confidentiality contained in 42 CFR Part 2 in regards to drug treatment programs as well as those contained in HIPAA. In addition, SHIELDS is required to notify School immediately if (i) the student is a danger to self or others; (ii) the student makes any accusations of abuse or neglect; (iii) the SHIELDS Counselor, as a mandated reporter, submits a report to law enforcement or Child Protective Services concerning a student.

Under certain serious conditions, to meet the medical and/or safety needs of the student or of the school community, this consent also allows discussing pertinent information with parents/guardians, and/or employees of School.

By signing this consent form you will enable us to provide in school counseling support (individual and group) to allow for a successful school year! We cannot provide services to any student unless this consent form is signed. If you have questions, please reach out to us at _____ We are excited to meet all of you!

If you would like to know more about us, please feel free to check us out at:

<https://www.shieldsforfamilies.org>

I consent to my child/ren being referred to SHIELDS for Families for counseling services (see note below):

- YES
- NO

Child Name: _____ Grade: _____

Child Name: _____ Grade: _____

Child Name: _____ Grade: _____

Child Name: _____ Grade: _____

Child Name: _____ Grade: _____

**If your child is referred and would like to engage in ongoing services we will contact you, as their parent/guardian, prior to providing services, with the exception of a crisis situation. If a crisis does occur our staff will support with stabilizing the crisis, and we will contact you as soon as possible.*

Parent/Guardian Signature: _____

Date: _____