



Seminole County Public Schools (SCPS) and UCF College of Community Innovation & Education (UCF-CCIE) Partnership
Telecounseling Services for Students at Hamilton, Midway, & Pine Crest Elementary Schools
Fall 2020 & Spring 2021

CLIENT INFORMATION and CONSENT for TELECOUNSELING SERVICES

Client Information

Thank you for selecting the Seminole County Public Schools (SCPS) and UCF College of Community Innovation & Education (UCF-CCIE) Partnership at Hamilton Elementary School or Midway Elementary School or Pine Crest Elementary School for your present telecounseling needs. We offer telecounseling sessions **at no cost**. Except for holidays and semester breaks, the SCPS and UCF-CCIE Partnership offers telecounseling services on Monday, Tuesday, and Thursday afternoons from 3:00 PM to 6:00 PM for students at Hamilton Elementary School, Pine Crest Elementary School, and Midway Elementary School. The telecounseling sessions are approximately 50 minutes in length. You are welcome to attend as long as you and your Counselor agree that the services are of mutual benefit.

Graduate students from the Department of Counselor Education & School Psychology staff the SCPS and UCF-CCIE Partnership. All telecounseling sessions are recorded and monitored – this recording and observation of telecounseling services is for educational and supervision purposes only. A UCF faculty member observes the telecounseling session. Your Counselor (a graduate student in counselor education) receives consultation and suggestions from his or her supervisor. In some instances, other graduate counselor education students or professionals will participate in these supervision conferences. These activities are intended to ensure that you are receiving the highest level of quality service. You have the right to request the name of the supervisor. In addition, you may be asked to fill out telecounseling assessments and/or outcome measures from time to time. These may include the *Behavioral and Emotional Screening System* (BESS) and/or other questionnaires. These instruments are used both for determining clients' progress and for research purposes to evaluate various aspects of our counselor preparation program.

Please Sign Initials

Clients are accepted on first come, first served basis. Referrals are made to outside sources when necessary. The SCPS and UCF-CCIE Partnership may maintain a waiting list and may contain more clients than we have the staff available to provide services. If for any reason, you wish to discontinue, postpone, or cancel your telecounseling sessions, please call as soon as possible at **(407) 823-3788** so that another person on the waiting list can be accommodated. This courtesy is greatly appreciated. Generally, the SCPS and UCF-CCIE Partnership does *not* reschedule someone who fails to keep an appointment without telephoning to cancel in advance or who repeatedly cancels appointments.

The SCPS and UCF-CCIE Partnership adheres to both the ethical standards of the **American Counseling Association (ACA)** and the **Laws and Rules of the State of Florida**. The information shared during the telecounseling process will be kept strictly confidential, except for those reasons required by law. These exceptions include the following:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. Information will only be shared with a person or organization that is able to help prevent or reduce the threat.
2. When there is suspected abuse or neglect of a child, elderly person, resident of an institution, or a disabled person.
3. As a result of any lawsuit against the counselor and/or legal/court proceedings.
4. If a law enforcement official requires a release.
5. When you (the client) explicitly request in writing that information be shared with a third party.
6. If a subpoena and/or court order requires the release of information.

(ACA Code of Ethics [2014], Section B.2; Chapter 491, state of Florida law governing the practice of Clinical, Counseling, and Psychotherapy Services [2010], Section 491.0147)

Please Sign Initials

For our Minor Clients

The SCPS and UCF-CCIE Partnership respects the rights of parents/legal guardians. Confidentiality cannot be given without the permission of parents/legal guardians. The reality is that a child or adolescent will have *no* reason to talk to a counselor if the counselor were to disclose *all* communications to a parent/legal guardian. Due to this problem, we ask you to permit your child to have a confidential relationship with the counselor assigned to them.

Disclaimer:

All the counselors within the SCPS and UCF-CCIE Partnership are *not* licensed clinicians; however, they are under the direct supervision of a UCF faculty member in the Department of Counselor Education & School Psychology. The SCPS and UCF-CCIE Partnership retains all rights to clinical notes and diagnoses and they will be used for educational purposes only. In signing below, I acknowledge that the SCPS and UCF-CCIE Partnership will *not* provide clients with diagnoses, clinical notes, court mandated paperwork, work, school or academic assessments or disability assessments. The SCPS and UCF-CCIE Partnership will only provide clients with a treatment summary letter by request.

Consent for Treatment

In signing below, I acknowledge that I have received, read, and understand this **Client Information and Consent for Telecounseling Services** form. I have had an opportunity to ask questions and receive answers. I do hereby seek and consent to take part in telecounseling services by the Counselor named below. I understand that telecounseling services may include individual and family telecounseling and may include consultations with other associates of this institution. The telecounseling services may also include referrals to other appropriate State, County, and/or professional agencies for further counseling. I understand that developing a treatment plan with the Counselor and regularly reviewing our work toward meeting the treatment goals are in my best interests. I agree to play an active role in this telecounseling process. I understand that *no* promises have been made to me as to the results of telecounseling services or of any procedures provided by the Counselor. I am aware that I may stop my telecounseling service with the Counselor at any time. I know I must call to cancel or reschedule an appointment at least 24 hours in advance. I know I may receive confirmation calls or letters of follow-up on missed appointments. I acknowledge that SCPS and UCF-CCIE Partnership is part of a training facility and give my permission to have my Counselor's supervisors review *all* aspects of my counseling services.

For our Minor Clients

By signing below, I certify that I give permission to the SCPS and UCF-CCIE Partnership and the Counselor listed below for telecounseling services for my minor child. This document permits my child to have a confidential telecounseling relationship with the Counselor. I understand that the information disclosed by my child is private (outside the limits established above).

My signature on this document shows that I understand and agree with the above conditions and statements.

Client(s) Printed Name

Client Signature

Date

Parent(s)/Guardian(s) Signature (for minor clients)

Date

Parent(s)/Guardian(s) Signature (for minor clients)

Date

Minor Client's Date of Birth: _____

Counselor Signature

Date

Supervisor Signature

Date

NOTE: Copy of signed document is to be given to client(s)