



ESU 8 Therapy Consent Form

The following are guidelines to allow students the opportunity to receive private mental health and behavioral support at school while ensuring compliance with District policies and procedures.

- Therapists may not provide ongoing private therapy to students at school without prior written consent of the parent/guardian of the students served.
- Services may include observation, brief interaction, and/or assessment as well as only necessary communication with school personnel to meet educational needs.
- The therapist must have agreed to adhere to school practices, rules, and guidelines.
- A student's time out of the regular educational program to receive private therapy services is to be limited as much as practical in the best interests of the student.
- Any form of communication between the student, parent, and therapist in written or digital form is a part of the official record.
- The therapist, parent, and child will agree to and follow rules of confidentiality.

Confidentiality

Because counseling is based on a trusting relationship between counselor and student, the school psychologist or therapist will keep information confidential with some possible exceptions. We understand that the school psychologist or therapist may share information with parents/guardians, the child's teacher, and/or administrators who work with the child on a need-to-know basis, so that we may better help the child as a team.

Under the following circumstances, school personnel are required by law to share information with others.

1. Presenting information about hurting himself/herself or another person.
2. Evidence or disclosure of abuse (physically, emotionally, and sexually) or neglect.
3. Threats to school security.
4. If counseling records are court ordered.

Rights and Responsibilities

As a student in the United States, you are entitled to certain rights. No person shall be denied any of their legal rights while you are receiving services from Educational Service Unit 8. Such rights include, but are not limited to, the following:

Rights

- The right to be treated with dignity and respect.
- The right to privacy.
- The right to equal access to treatment or services regardless of race, religion, sex, or handicap.
- The right to inquire and be told about your rights.
- The right to a fair and objective grievance process.
- The right to participate in the development of your treatment/service plan.
- The right not to be the subject of experimental or investigational research without written and informed consent.
- The right to be fully informed of treatment involving significant risks.
- The right to receive confidential services and your record to be kept in a confidential manner within the limits of the law.
- The right to receive services in the least restrictive environment.
- The right to have a copy of the rules of conduct applicable to services in which you are participating.
- The right to receive services in a manner that is responsive to your age, gender, family, friends, cultural/ethnic background, sexual orientation, mental/physical disability, and spiritual beliefs.

Any complaints should be addressed to: Jesse Zavadil at 402-887-5041 ext. 1238 or Ruth Miller at 402-887-5041 ext. 1225



Responsibilities of the primary caregiver or legal guardian and student:

- To keep all scheduled appointments or to inform staff in advance if you are unable to keep the appointment.
- To work on your goals as agreed upon by you and your therapist.
- To provide staff with accurate and complete information as it pertains to your treatment and care.
- To treat all others with respect.
- To adhere to the school policies and procedures set forth by the student’s school district.

*****In emergency situations, please call the local crisis number corresponding with your county of residence.**

Region 4: Northeast Nebraska

- Antelope, Cedar, Cuming, Knox, Madison, Pierce, Stanton Counties: 888-370-7003
- Boone, Colfax, Nance, Platte Counties: 866-758-4749
- Boyd, Brown, Cherry, Holt, Keya Paha, Rock Counties: 877-488-9928

Region 3: Central Nebraska

- Adams, Clay, Franklin, Nuckolls and Wheeler Counties: 402-463-5684
- And Wheeler Counties: 800-515-3326

Consent to Receive ESU 8 Services in School

I understand the foregoing conditions and consent to my child _____;
Date Of Birth: _____ receiving mental health services in
_____ school.

Parent/Guardian Signature

Date

Parent/Guardian Print Name

Parent Email: _____

Phone: _____

*Any contact information provided above indicates you consent to be contacted and communicated with using indicated methods. This consent is valid for the duration of enrollment of this student in this school district. Revised 9/2024