

Dear Parents/ Guardians/ and Students:

We are aware that this is a very stressful time for many. As the Mental Health Clinician servicing your student through Van Buren Intermediate School District in partnership with \_\_\_\_\_ I would like to make my services available during this time of school closure.

I am checking my email \_\_\_\_\_ in the mornings and afternoons. Please let your student know that they can email me if they have any concerns they would like to discuss with me. In addition, I'm also able to service students via teletherapy sessions. These sessions can be initiated through Google Hangouts, and with your permission I can schedule your student to be seen virtually through this method.

If you are willing to consent to your student being seen via teletherapy, please complete the consent at:

<https://forms.gle/HtHkigP4CL3tPLVG8>

Once I receive consent I will follow up with your student to schedule their session. Please be aware that during the session, your child will require a private setting to ensure their confidentiality.

Also, teletherapy services are best conducted when students are not posing an imminent risk to themselves or others. As always, if you feel that this is an emergency situation that requires an emergent response, please take your student to the local Emergency Room or call 911.

Please feel free to contact me with any questions or concerns you may have.

Sincerely,

Mental Health Clinician

Van Buren Intermediate School District

# Van Buren ISD Consent for Mental Health Clinician Services

\* Required

1. Student Name \*

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2. School: \*

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3. Student Email: \*

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4. Parent/ Guardian Name: \*

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5. Parent/ Guardian Email: \*

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6. Parent/ Guardian Phone Number: \*

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7. Do you provide consent for your child (previously named above) to exchange email communications with their assigned clinician? \*

*Mark only one oval.*

Yes

No

8. Do you provide consent for your child (previously named above) to participate in teletherapy sessions with their assigned clinician? Services may be provided through methods such as Google Hangouts, Skype, etc. \*

*Mark only one oval.*

Yes

No

9. Electronic Signature: By signing this form I agree to allow Van Buren ISD to provide treatment and bill medicaid (if applicable) for the above consented services to my above name child. I understand that these services are not ideal for situations where my child may pose an imminent risk to themselves and/ or others and am aware that in such situations the emergency room is available. I also understand that if consenting to teletherapy services, my child should be in a private setting to ensure their confidentiality. \*
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