

# PARENT PERMISSION FOR SCHOOL-BASED MENTAL HEALTH THERAPY SERVICES

## Crimson Cliffs High School

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Grade: \_\_\_\_\_

Washington County School District is dedicated to ensuring that students with mental health needs have access to mental health therapy services. The school extends an offer for mental health therapy services to be provided to your student. Under the law, your child cannot receive individualized mental health therapy services as described below until signed permission is received. Your consent will last until the end of the current school year or until you revoke your consent in writing delivered to the school principal.

The following individual(s) are authorized to provide mental health therapy to your student, and may have access to protected student information in their educational record:

Provider Name	Title	Contact Information
Danny Davenport	LCSW	daniel.davenport@washk12.org

Unless you opt out, authorized personnel will provide you with information about each session within one business day after each meeting, including notice that the service took place and a description of the topic(s) of the service provided. Please initial below to indicate your preference:

\_\_\_\_\_ **I want to receive notification after each session.**

Please send notifications by \_\_\_\_\_ (e.g. phone call, email, etc.).

\_\_\_\_\_ **I do not want to receive notification after each session.**

(Please note that you will still receive information and updates, including but not limited to treatment plan, progress updates, and/or session logs.)

## POSSIBLE ITEMS OF DISCUSSION

During the course of our discussion(s) students may share their personal views and experiences as appropriate. Meetings with mental health staff will take place at an appropriate time during the school day and will provide time for your child to confidentially discuss feelings about many things, possibly including personal difficulties. Every effort will be made to respect family privacy, and there is no intent to discuss sensitive issues; however, the law requests that we remind you that unexpected subjects<sup>1</sup> may arise as children express their feelings. You have the right to identify topics or issues that may not be addressed during therapy sessions.<sup>2</sup> Please list any topics below that you would not like the authorized personnel to address during therapy sessions:

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*1 Subjects, as written in Utah State Law, may include: politics; emotional or psychological difficulties; income, sexual behavior, orientation or attitudes; illegal, anti-social, demeaning or self-incriminating behavior; critical appraisals of family relationships; religious affiliations or beliefs, and/or legally recognized privileged and analogous relationships (Utah Code Section 53E-9-203).*

*2 Authorized personnel may address identified topics if the omission would compromise the student's immediate safety, the student discloses information that creates a duty for the authorized personnel to make a mandatory report; in this case, the authorized personnel may further discuss the topic only to the extent necessary to make the report, or, if suspected cases of child abuse or neglect under Utah Code Section 80-2-602, abuse of a student under Utah Code Section 53E-6-701, or any other legally mandated duty to report an incident (Utah Code Section 53G-9-902).*

An initial mental health assessment will be conducted to gather information that will be used to formulate treatment goals and a treatment plan. Information gathered during the course of sessions may also be integrated into the treatment plan. State law requires a two-week waiting period prior to your student receiving services unless a parent waives the notification period (Utah Code Section 53A-13-302). Your signature will allow us to waive the waiting period and provide services to your child immediately.

**I give permission for my student to participate in mental health therapy as described above and waive the two-week waiting period so that services may begin immediately.**

Parent/Guardian Signature: \_\_\_\_\_

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