



# Prince George's County Public Schools

## Telemental Health Informed Consent

### Overview of Services & Confidentiality

- Telemental health is the practice of delivering counseling services via technology-assisted media or other electronic means between a professional school counselor and a student who are located in two different locations.
- During the extended school closure, your child will receive telemental health counseling services via phone and/or video conferencing using Doxy.me, Google Hangout, or other approved communication platforms.
- There are potential benefits (e.g., able to continue services, convenient) and risks (e.g., possible breach of confidentiality, limited response to emergencies, technology failures) associated with telemental health services that differ from in-person sessions.
- Confidentiality still applies for telemental health services. The sessions will not be recorded by either party.
- In the event that there is a technology or equipment failure, the professional school counselor will call the parent/guardian.

### Student & Parent/Guardian Responsibilities

- I will identify a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- I understand that sessions may not be recorded or reposted nor shall screenshots of video be taken, shared or reposted. Please be reminded that the PGCPS administrative procedures regarding appropriate use of technology, social media and email continue to apply to our online instruction. In addition, sessions may not be recorded or reposted nor shall screenshots of video be taken, shared or reposted. A description of the applicable procedures is provided online in the Student Rights and Responsibilities Handbook.
- I agree to use the phone and/or video-conferencing platform selected for our virtual sessions, and the professional school counselor will explain how to use it.
- I will use a webcam or smartphone during the session.
- I understand it is important to be on time. If my child needs to cancel or change the appointment, I will notify the professional school counselor in advance by phone or email.

### Emergency Protocol

- I will provide at least one phone number to reach the parent/guardian in case of a crisis situation. (If your child is suspected of having suicidal thoughts, we will call the parent/guardian and if needed, the Crisis Mobile Team.)

### Termination of Services & Concerns

- I have the right to stop or refuse telemental health services at any time.
- I understand the professional school counselor, in consultation with his/her supervisor, may determine that phone and/or video conferencing is no longer appropriate.
- If you have any concerns about the telemental health services your child receives, please contact Dr. Leon Washington at [leon2.washington@pgcps.org](mailto:leon2.washington@pgcps.org).

### Consent

- I hereby consent to participate in telemental health services under the terms described. This telemental health consent will remain in effect until services are discontinued or either party determines that it is in your child's best interest to utilize a different mode of support. Please reply "yes" or "no" if you consent to your child receiving telemental health services by phone and video conference.

\_\_\_\_ Yes   or   \_\_\_\_ No

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