



Advancing Wellness and Resiliency in Education

AWARE Texas Program

Advancing Wellness and Resiliency in Education Informed Consent for Services

Student: _____ DOB: _____ Student ID: _____

Campus/District: _____

Explanation of Services

AWARE Texas provides an array of services available at select schools through Licensed Mental Health Behavioral Health Specialists on campus who support students’ positive mental health and wellness. AWARE Texas is funded by a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). **There is no cost for services provided by the AWARE mental health behavioral health staff.**

Counseling services provided on school campuses are short term. However, these services are designed to assist the child with removing the barriers that interfere with their learning.

Possible school-based services your child may receive include: Mental health/behavioral health screening or assessment, direct consultation with school staff and parents regarding individual interventions, individual counseling, family counseling, group counseling, community referral and coordination of services, or other services as needed.

Reason for Request of Services: _____

Confidentiality & Records: As a rule, any information discussed during mental health counseling is confidential to the degree allowed by law. In some cases, however, information must be released to other people.

Examples include:

If your student is at imminent risk of harm to self or others, you and appropriate school personnel will be notified. Any information about child abuse or neglect must be reported to Child Protective Services.

You have a right to be informed about your student’s progress in counseling and skills they have learned to do. However, most things discussed in counseling will not be shared.

Your student’s licensed MHBHS may ask for help from their supervisor.

Your student’s AWARE Texas mental health records are a part of educational records but are stored securely and separately from school records. The confidentiality of education records is governed by the federal Family Educational Rights and Privacy Act (FERPA) and state law. Sharing student-identifiable information from education records (such as to a third-party clinician or pediatrician, or educators) protected by FERPA generally requires your written consent.

The school may be required to share information if ordered to do so by a court. Unless there is a court order indicating otherwise, divorced parents have equal access to educational records.



Health and Safety: The MHBH Specialist working with your student will follow with the school’s current policy regarding wearing a mask, and your child must wear their mask during any services (if this is the actual case that students currently must wear masks to schools). All touched hard surfaces (e.g. desks, tables, chairs etc.) will be sanitized between sessions with students.

There may be times when the school is conducting classes virtually, or in a hybrid manner, and you have decided to keep your child home. Telehealth counseling services will be made available to students who were receiving services prior to changes in the school environment. These services may consist of using a platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA), such as Zoom, or by telephone and/or text. No recording will take place when using telehealth counseling services.

Termination of Services: Goals will be established at the beginning of counseling services to help determine the interventions needed for your student to succeed in school. Services will continue based on the need(s) of your child. Examples of when services may end for your child include, but are not limited to the following: 1) successful completion of your child’s intervention goal(s); 2) withdrawal from school to homeschool; 3) withdrawal from school to a non-AWARE school within [insert ISD]; 4) withdrawal from school to a non-AWARE school district; 5) graduation; 6) refusal of services by parent/legal guardian or student; 5) withdrawal of consent by parent/legal guardian or adult student; or 7) confinement in an out-of-district juvenile justice or treatment facility. Services may be continued during the summer (virtually or in district facilities) and will require additional consent.

If your child transfers to a non-AWARE school within [insert ISD name], the Student Support Team (SST) of the receiving school should review your child’s historical data and determine what interventions are appropriate based on services available at the new campus. As the legal parent/guardian, you may be asked to sign a release of information so the AWARE MH/BH Specialist can communicate with your child’s receiving school regarding interventions and progress.

Program Evaluation: *The University of Texas Institute for Excellence in Mental Health* is providing evaluation and quality improvement services for AWARE Texas. Your student’s ID number will be shared with the University so that services can be evaluated for effectiveness. Program evaluation is a required activity for the SAMHSA grant. No other identifying information will be shared, and all information will be kept confidential and deleted at the end of the evaluation project.

Parental Consent for Services

In order to proceed with the request for the services described, your written consent is necessary. Your consent is voluntary, and if you choose not to have your child receive mental health services, it will not affect your student’s or your family’s relationship with the school. You should only provide consent if you understand the services being offered and have had the opportunity to ask questions.

I understand that I may, at any time during my child’s enrollment at [SCHOOL NAME], withdraw this consent. If consent is not withdrawn, this consent will be effective for the remainder of the school year. If major changes in services are proposed, a new consent will be required.

I give my voluntary consent for the services described and understand that I may withdraw my permission at any time.

_____ (INITIALS) YES, I give permission for my child to receive individual counseling services (in person).

_____ (INITIALS) YES, I give permission for my child to receive individual telehealth counseling services utilizing the Zoom HIPPA compliant platform and/or by phone/text.



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_____ (INITIALS) YES, I give my permission to release student information to evaluators at the University of Texas at Austin to support program accountability and quality improvement activities. The only identifying information that would be shared is the student’s ID number, which will be kept confidential and deleted at the end of the evaluation project.

_____ (INITIALS) NO, I do not give permission for my child to receive counseling services.

Reason for declining: _____

(Ex: no access to internet, no access to technology for session use, personal preference, etc.)

Parent/Guardian <i>Signature</i>	Parent/Guardian <i>Printed Name</i>	Date
Person explaining services <i>Signature</i>	Person explaining services <i>Position</i>	Date



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Contact Information for Mental Health Licensing Boards

Licensed Mental Health Behavioral Health Specialists (MHBHS) in AWARE Texas may include any of the following: Licensed Clinical Social Worker (LCSW) or Licensed Master Social Worker (LMSW) supervised by a LCSW Supervisor; Licensed Professional Counselor (LPC) or LPC-Associate supervised by an LPC Supervisor; and/or Licensed Specialist in School Psychology (LSSP). They work with school staff, families and students to help students succeed academically, socially, and emotionally. These professionals examine issues that may be contributing to student difficulties and work to find the best solution for each student and situation. The Mental Health Behavioral Health Specialists are credentialed by their respective boards in the State of Texas or work under the supervision of credentialed individuals, as authorized by law, to provide services. You may contact the Licensing Board of your mental health specialist at any time.

Texas Behavioral Health Executive Council
333 Guadalupe Street
Tower 3, Room 900
Austin, Texas 78701
Telephone: (512) 305-7700
Fax: (512) 305-7701
Website: <https://www.bhec.texas.gov/>



Consent for Release of Information Personnel at [SCHOOL NAME]

Student: _____ DOB: _____ Student ID: _____

Campus/District: _____

I give my permission for AWARE Texas mental health behavioral health staff to use or disclose my student’s mental health records and/or school records containing confidential information to the following school-based staff person(s) who have a direct educational interest in supporting my student’s academic success:

_____	_____
Name and position of staff person	Records to be released
_____	_____
Name and position of staff person	Records to be released
_____	_____
Name and position of staff person	Records to be released
_____	_____
Name and position of staff person	Records to be released

I understand that I may, at any time during my child’s enrollment at [SCHOOL NAME], withdraw this consent. If consent is not withdrawn, this consent will be effective for the remainder of the school year. If major changes in services are proposed, a new consent will be required.

I give my voluntary consent for the services described and understand that I may withdraw my permission at any time.

_____	_____	_____
Parent/Guardian	Parent/Guardian	Date
<i>Signature</i>	<i>Printed Name</i>	
_____	_____	_____
Person obtaining consent	Person obtaining consent	Date
<i>Signature</i>	<i>Printed Name</i>	



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Consent for Release of Information Providers Outside of [SCHOOL NAME]

Student: _____ DOB: _____ Student ID: _____

Campus/District: _____

I give my permission for AWARE mental health behavioral health staff to use or disclose information from my student’s mental health records and/or school records with the person(s) or organization(s) listed below. I understand that such records may contain health information about psychiatric, drug and/or alcohol diagnosis and treatment as well as educational records, immunization records, suspensions/office referral data, attendance data, referrals to student service teams, and written and verbal communication with school staff related to mental health interventions. If consent is not withdrawn, this consent will be in effect for the remainder of the school year. If major changes in services are proposed, a new consent will be required.

Name / Organization: _____

Phone: _____

Email: _____

Address: _____ FAX: _____

Information to be Released: _____

I understand that my consent is voluntary and may be withdrawn at any time. I understand that my consent will expire one year from the date of my signature.

I understand that my student’s records will be released and received for the purpose of treatment and care coordination activities. [SCHOOL NAME], its employees, officers and staff are released from liability for the release of information in accordance with this consent.

Parent/Guardian
Signature

Parent/Guardian
Printed Name

Date

Person obtaining consent
Signature

Person obtaining consent
Printed Name

Date