

## Robinson Community Unit School District #2 School Based Mental Health Services

Community Unit School District #2 204 W. Highland Robinson, IL 62454 (618) 544-5837, ext. 102 Fax (618) 546-0168

Valerie Weck, PhD.

## **Consent for School Based Mental Health Services**

I give permission for the student,	, to receive services
provided by the School-Based Mental Health Therapist, Valerie Weck, Phinclude individual sessions, group sessions, and/or teacher consultation well-being.	•
I understand that I may withdraw this consent at any time by signing and termination of services.	d dating a written notice requesting
<u>Confidentiality</u>	
I understand that the information obtained during mental health service Confidential information is not disclosed without written consent, with t circumstances:	·
1. The counselor believes the student is at risk for harming self or others	i.
2. Evidence or disclosure of abuse (physically, emotionally, and sexually)	or neglect
3.Other release of information as required by law or school policy	
In addition, the School-Based Therapist often works closely with school school. I understand and provide consent to have Valerie Weck exchange for the purpose of aiding with this student's school adjustment and perfect	e information with school staff, solely
<u>Contact</u>	
If you have further questions about the information on this form, the the psychological techniques used by the therapist, or the length or timing of School-Based Therapist at (618) 544-5837.	• • • • • • • • • • • • • • • • • • • •
This agreement, unless otherwise specified, is valid for one year from the	e date of signature.
I have read, understand, and agree to the terms of this agreement.	
Date	
Student Signature (if age 12 or above)	
Date	e
Parent/Guardian Signature	