

JORDAN SCHOOL DISTRICT
CONSENT TO INDIVIDUAL ONLINE SERVICES

Date: _____

To: _____
Parent(s)/guardian(s)/adult student

Re: _____
Student name

Due to school dismissal as a result of the state-wide state of emergency for the COVID-19, your child is receiving services by counseling online via interactive video conferencing. While your child is counseling via the video conference, you or someone else in the household could potentially observe the sessions, seeing or hearing information that is meant to be confidential.

In order to protect student confidentiality, we need permission from the parent/guardian of the student receiving the video counseling services, agreeing to protect the privacy of the student. Please refer to the statements below.

If you have any questions, please feel free to email me at _____.

Thank you.

Please fill out the information below, sign and return this form.

I _____ (print parent/guardian name) allow permission for anyone in the household to observe my child, _____ (name of student) during online teletherapy sessions.

I understand my student's confidentiality will be protected in accordance with the requirements of The Family Educational Rights and Privacy Act of 1974.

In order to protect the confidentiality of my student, I agree to treat the information shared in these sessions as confidential.

I understand that I have the right to change my mind at any time and can decline permission to conduct individual online teletherapy sessions that include my child.

Parent/Guardian Signature
Parent/guardian email (if available):

Date