

**The PATH at Carteret Middle School
Wellspring's School Based Clinical Services**

Dear Parent / Guardian:

Wellspring Center for Prevention/ The PATH Program has partnered with Carteret School District to create a safe and structured environment within the school community to address the social, emotional and health needs of our students, ensuring increased opportunities for success during their middle school years. **The PATH** is located at Carteret Middle School and is open to all CMS students and their families, free of charge. Our licensed mental health counselors provide counseling to address issues related to depression, anxiety, peer conflict, self-esteem, social issues, anger management and general support. Individual, family and group counseling, referral services and healthy youth development programs are offered. Any staff members not licensed as an independent practitioner is under supervision of a qualified supervisor.

I consent to have my son / daughter _____ receive services provided by The PATH Program. I further understand that clinical documents are confidential and may only be released with consent or at the professional discretion of The PATH employee; I understand that program attendance and general updates will be shared with school personnel. I understand that there are exceptions to confidentiality when disclosure is permitted or required by law.

I further agree to hold harmless, Wellspring Center for Prevention/ The PATH Program and its agents, staff and employees from any liability, provided Wellspring Center for Prevention has acted in good faith and according to agency policy and protocol.

At times, The PATH will use various platforms to reach out to students; telephone, email and video chat. By signing this form I am consenting to the use of such platforms. The PATH is utilizing HIPPA compliant platforms whenever possible, but electronic communication can never be guaranteed. The PATH staff will only communicate with students in a private setting and will not share the identity of their student through the use of their technology. I further understand that if my child is using a Carteret issued laptop, the district can monitor any activity on that device. General emails, check-ins and appointment communication may be done through unsecure means, i.e. email, Remind, etc.

I understand that there are risks and consequences associated with tele-counseling, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.

I understand that the counselor may need to contact an emergency contact and/or appropriate authorities in case of an emergency. If not at school, I understand my child needs to inform the counselor of the address where the student is located at the beginning of each session.

If you have any questions please contact The PATH Program Director, Anna Pepe at 732.541.8960 Ext: 8008.

Yes **No** I grant permission for my child to participate in **any and all services** described above.

Yes **No** I grant permission for The PATH-Wellspring Center for Prevention to use my child's photo for program and / or educational purposes.

Parent / Guardian Signature: _____ **Date:** _____

**** Important – all students may be seen by The PATH staff for a screening or crisis intervention session one time at the discretion of school personnel or at student request to resolve immediate concerns or provide evaluation. Any future interventions will require consent.**

****Please call Anna Pepe, The PATH Director at 732.541.8960 Ext: 8008 if you have any questions or concerns. If your issue is not resolved please call Lauren Balkan, PATHWAYS Director at 732.541.8960 Ext: 4304 or Ezra Helfand, Executive Director of Wellspring Center for Prevention at 732.254.3344.**

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Student Information *Please fully complete all information and return to The PATH

Student's name (please print) _____

Address: _____

Student's Cell: _____ Student's Date of Birth: _____

Grade: _____ Student's email: _____

Parent / Guardian name: (please print) _____

Preferred telephone: Cell Home Work Telephone # _____

Email _____ (required)

Emergency Contact _____ Telephone # _____

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