

Dear Parents/Guardians,

The eCARE eSchool Behavioral Health program offers access to an experienced Behavioral Health Therapist through a two-way video/audio technology. The therapist is based in Sioux Falls, SD and will provide scheduled therapy appointments to your student. They will work collaboratively with you and school staff in supporting your student's behavioral health needs.

Please read through the consent and release of information forms.. If you are interested in this service for your student please return the completed forms to the school. The eCARE therapist will then call you during school hours to set up an appointment where you will join your student for the initial therapy session with the eCARE therapist.

Prior to the first appointment you will be emailed a link to a questionnaire that will assist the eCARE therapist to understand the behavioral health concerns of your student. Topics of discussion will include questions related to your student's history, family dynamics, school performance, and social life. This information will help guide the eCARE therapist in treating your student.

After the first appointment with the eCARE therapist, the therapist will make regular contact with you via phone or via video appointment to update you on your student's progress in therapy.

We are excited to be able to offer this service and look forward to working with you, your student, and school staff to support your student's behavioral health needs.

Thank you,

Dave Schoch  
Superintendent

Sheila Freed  
eCARE School Health Director

**STUDENT INFORMATION**  
**Velva School/Avera eCARE**  
**Behavioral Health Program Consent**

**\*\*Please complete both sides and sign back of form\*\***

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School Name: \_\_\_\_\_

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Student Name: \_\_\_\_\_  
Last First Middle Initial

Date of Birth: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Gender:  Male  Female

Address: \_\_\_\_\_  
Street Apt. No. City State Zip

Race:  American Indian/Alaska Native  Hispanic or Latino (all races)  
 Asian  Other Pacific Islander  
 Black  White (not Hispanic or Latino)  
 Native Hawaiian  Other (please specify): \_\_\_\_\_

Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino

Phone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

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**Responsible Party:**

(Head of Household/Guarantor) \_\_\_\_\_  
Last First Middle Initial

Relationship: \_\_\_\_\_

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**\*\*Please complete both sides and sign back of form\*\***

# Informed Consent for Behavioral Health Services

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

The Velva School and Avera eCARE School Behavioral Health knows that it can be challenging for students and families to get quality, professional behavioral health therapy because students have to miss school, parents have to miss work, there may be a long distance to travel or there may be a long wait to receive services. We are pleased that we can offer a solution to these problems by bringing these services directly to the students and families at Velva School. Behavioral health services are provided by eCARE therapists (licensed masters social workers) via a secure two way audio-video technology. We are experienced at helping with problems such as emotional or behavioral disturbances, family conflict or student coping skills. Our services are made possible through a partnership of Velva School, Mid-Dakota Educational Cooperative, the US Department of Health and Human Services and Avera eCARE.

The Avera eCARE School Health Behavioral Health program offers behavioral health therapy and off site referrals, as needed to students and families. In order to receive behavioral health treatment, an initial therapy session with parents/guardian is required to determine appropriate services.

**Confidentiality:** Records of treatment will be housed with the school counselor in secured files and will be covered under the Family Educational Rights and Privacy Act. The law may require that behavioral health professionals notify relevant others in certain situation including, but not limited to: (1) A person presents a risk of harm to self or others, or (2) in the case of suspected child abuse or neglect, and (3) as required by law.

**Possible risks:** Behavioral health treatment can be beneficial for many individuals, but there are some risks. These risks may include the experience of intense and unwanted feelings, recalling unpleasant life events, facing unpleasant thoughts and beliefs, or increased awareness of feelings or experiences.

**Termination and referral:** A student or parent has the right to discontinue treatment at any time, and will be provided with a referral if clinically appropriate or requested.

## Consent:

I understand and give my consent for my student to receive behavioral health services via secure two way audio-video technology.

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

*If Student is over the age of 18:*

Student Name (print) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_