

New Manchester High School

4925 Hwy 92/166 • Douglasville, Georgia 30135
770-651-2700



Voluntary Request for School Counselor Tele-Individual

I, _____, request & give consent for the New Manchester High School Counselors (Teresa Brooks, Pamela Cummings, Kristie Richardson, and Melody Saffo) **to see me & my child** as voluntary participants for school counseling services via Google Meets. I hereby acknowledge the following information regarding receipt of my rights & responsibilities as a participant of School Counseling Individual via Google Meets.

The undersigned understands and agrees to comply with the following as a condition of School Counseling via Google Meets with members of the New Manchester High School Counseling Department. Failure to comply with the following may result in termination of School Counseling Individual Google Meeting:

- **Confidentiality:** Confidentiality will be abided, to the best of the limitations that come with tele-communication.
*Exceptions are in the case of state mandated reporting laws (i.e., of harm to self (i.e., suicidal plans), harm to others (i.e., homicidal plans), is aware of another student is being harmed or planning to harm themselves, or s committed an illegal act.)

The School Counseling individual tele-meeting is confidential to the best of telecommunication limitations & unavailable for review by any other person other than myself, the student, and the guardian who is permitted to be present. **Even though Google Meets is stated by the DCSS to be FERPA approved & has a contract with Google, I also understand that phone usage, text, or email are never guaranteed to be 100% confidential, due to the nature of those systems. By confirming a Google Meets appointment with my counselor I understand that I am attending the tele-individual counseling session at my own risk.**

- **Parent and Student Responsibilities:**
 1. I, **the parent and student**, are aware that this document serves as written permission to attend tele-counseling sessions via Google Meets.
 2. I, **the student**, understand that I must schedule an appointment via Calendly prior to meeting with my counselor via Google Meets. The counselor's individual Calendly link may be found on the NMHS website under the Counseling Department.
 3. I am aware that any tardiness, absenteeism, or leaving the meeting early will inhibit the maximum benefit I could receive from these services. I, the student, agrees to contact my counselor via email, ahead of time, if I need to cancel. Meetings may be rescheduled via the Calendly website.

I have read and received a copy of this contract and the rules and regulations. I agree to abide by the above. To give permission, this document must be attached in an email to the student's counselor. Both the parent's email address and the student's school email address must be included on the email.

Parent/Student Signature

Date

T. Brooks, P. Cummings, K. Richardson, M. Saffo

Recognized by the NMHS Counseling Department