



THERAPY ON SCHOOL GROUNDS

1. I have been advised by Brighter Futures Counseling, PLLC that therapists are available to attend therapy sessions with _____, my child/student for whom I am legally responsible at _____ school in the _____ school system.
2. The offsite therapy sessions/appointments will be conducted on school property, not at Brighter Futures Counseling, PLLC.
3. Although Brighter Futures Counseling PLLC will make a good faith effort to ensure that the location provided by the school is secure and confidential, Brighter Futures Counseling, PLLC cannot guarantee that other students, school personnel, etc... will not become aware that Brighter Futures Counseling, PLLC is conducting therapy sessions in the school.
4. Brighter Futures Counseling, PLLC also cannot guarantee that other students/school personnel will not become aware that the student named above in paragraph one is meeting with the therapist in the school. Brighter Futures Counseling, PLLC would not disclose this information, but students and school personnel could potentially see, for example, students arriving at, or departing from, the designated location for therapy.
5. I have been given the choice of having my child seen only on the business premises of Brighter Futures Counseling, PLLC and not at the school provided location. I understand that if I choose to have my child seen only at Brighter Futures Counseling, PLLC, I will be responsible for arranging transportation for my child to and from Brighter Futures, and that any absence from school during school hours would need to be approved by school personnel.
6. Having considered this option, I am authorizing Brighter Futures Counseling, PLLC to conduct therapy with the student named in paragraph one on school grounds.
7. I acknowledge that the school environment may not be as conducive to privacy as the Brighter Futures Counseling, PLLC office, but I have taken this into account, and I give my consent for the above name student to attend therapy sessions on school grounds.
8. I understand that I wish to revoke this consent for my child to attend therapy sessions on school grounds, I must do so in writing by contacting C.J. Quick, 1002 North Mulberry Street, Elizabethtown, KY 42701. Any revocation of consent must be received at least 2 days prior to a scheduled in school appointment.

Signature

Date

Printed Name

Witness

Date