

Lyons Central School District

Telephonic Counseling Rules and Expectations Acknowledgment Form

I understand that telephone counseling will be offered on a limited, short term basis. I understand and agree to the following:

1. Telephone counseling appointments will be scheduled by the student via the counselor's Lyons CSD email, the student agrees to use the email only to schedule an appointment with the counselor. The student understands that this number is for non-emergency counseling sessions only and should not be considered an emergency number. The counselors are unavailable outside of regular school hours. For emergencies, please dial 911.
2. Counseling sessions, by appointment only, will be between 7:45 am-3:15 pm Monday-Thursday, and 7:45 am and 2:40 Fridays and not during previously scheduled school holidays (for example spring break). Call sessions will be a maximum of 40 minutes.
3. At the beginning of every phone session, the student agrees to provide the counselor the address of their current location and confirm the contact information for one or more guardians in case of emergency. Should the counselor feel the student is at imminent risk during the session, the student's parent/guardian will be contacted as well as any further appropriate services.
4. The student understands that ideal phone counseling conditions include speaking from a quiet, confidential space and the counselor reserves the right to terminate the call should they feel these conditions are not adequately met.
5. The student understands that it is their right and expectation that their counselor will be speaking from a quiet, confidential location to protect the student's privacy in non-emergency situations.
6. The student agrees that during phone sessions he/she will not be under the influence of, or in the presence of alcohol or other drugs or engaging in any illegal activities. The counselor reserves the right to terminate the session, and/or contact a parent/guardian or other outside emergency agency should they feel the student has violated this expectation and or their health is at risk.
7. The student approves of the counselor signing certain documents for the student as long as the counselor has gained verbal permission from the student to do so for every separate document.

Verbal Consent Given By student: _____

Date: _____