



New Beginnings High School

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Ashlee Wright, CEO/Founder

EMOTIONAL WELLNESS SERVICES CONSENT FORM

Student Name: _____

Informed Consent for Emotional Wellness Services

- I understand that treatment services are available to all students of New Beginnings High School at no cost. Services are rendered by Emotional Wellness Counselors face-to-face and telehealth.
- I understand that telehealth is the use of electronic information and communication technologies by an Emotional Wellness Counselor used to deliver services to an individual when he/she is located at a different location or site than I am.
- I understand that the telehealth visit will be done through a two-way video link-up. Emotional Wellness Counselors will be able to see my image on the screen and hear my voice. I will be able to hear and see the Emotional Wellness Counselor.
- I understand that I have the right to withhold or withdraw my consent to treatment services in the course of my care at any time, without affecting my right to future treatment services.
- I understand that treatment services are confidential and no information can or will be shared without prior written permission. Confidentiality may be withheld if there is risk of imminent harm to self or others.
- I understand that my Personal Health Information (PHI) remains private and protected by laws, including the Health Insurance Portability and Accountability Act (HIPPA) and the Family Educational Rights and Privacy Act (FERPA). This also applies to telehealth.
- I understand that by signing this form that I am consenting to receive Emotional Wellness Services provided both face-to-face and via telehealth by New Beginnings High School. Minors under age 18 must have a parent/guardian signature to receive services.

Student Signature

Printed Name

Date

Parent Signature

Printed Name

Date