

## Consent for Participation in SBYS Program Activities

**School Based Youth Services Program (“SBYSP”)** at Cape May County Technical High School is a program of Acenda Integrated Health funded by New Jersey’s Department of Children and Families. SBYSP helps students navigate the high school years with the goal of having students graduate healthy and drug-free. SBYSP guides students to build on their strengths and develop positive habits and life skills that will benefit them throughout their lives. See brochure for a more detailed description of our services. **If you have any questions or would like additional information about the SBYSP program, please call SBYSP at 609-380-0209, ext 686; email sbys@capemaytech.com; and/or visit our website at [www.capemaytech.com/sbys](http://www.capemaytech.com/sbys).**

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**Confidential Crisis Intervention, Counseling, and Referral:** We offer flexible scheduling to accommodate working families, and **there is no charge for individual, family, or group counseling.** Students often request their own appointments or they may walk in and request to speak with someone. Referrals may also come from family members, teachers, the school nurse, administration, fellow students, or any other individual who is recommending that a student gets involved with our program. **Services are confidential,** and information can only be shared with parents/guardians or others when there is a separate written “Release of Information” form expressly signed by the student (if aged 14 years or older) and/or the parent/guardian, except in circumstances where there is imminent risk to self or others, in which case SBYSP is required by law to disclose such a risk. It is understood, however, that SBYSP staff makes every effort to insure open communication between parents/guardians and their student.

**Informal supportive counseling** guides students to accomplish personal goals such as improving health, boosting grades, saving money, applying/interviewing for a job, stopping vaping/smoking, negotiating and resolving conflicts etc. Additional topics may include: mental health, substance use, pregnancy prevention, and grief. Individual services are provided only as needed or when requested.

**Clinical therapy** requires another level of consent and may be arranged upon request.

**Class presentations and lunch-period groups:** Freshman skill building, health class presentations, and more.

**After-School Activities & Recreational Trips:** Check website and calendars for current information. Trips promote fitness and education. SBYSP adventures have included college tours, kayaking, hiking, skiing/snowboarding, Broadway in New York, Great Adventure, and much more! **Separate permission slips are required for trips.**

**Game of Life:** Each year students in the Junior class are given real-life scenarios to navigate by learning from 60 or more agencies in attendance. Students are able to learn such life skills as renting an apartment, buying a car/insurance, banking, how to seek assistance during a crisis, etc.

**Surveys** such as the Resiliency Measure or other similar tools may be used to measure progress.

**Photographs and Communication:** Photographs may be taken of students participating during SBYSP events and utilized for program/media purposes including but not limited to SBYSP/Tech website, press releases, promotional materials, event programs, flyers, etc. Students may choose not to be in photos.

**Please indicate below whether or not participation in SBYSP is granted, sign below (in blue or black ink), and return this form to SBYSP @ Cape Tech, 188 Crest Haven Road, Cape May Court House, NJ 08210.**

\_\_\_\_ Yes, I give my student the opportunity to participate in the SBYSP Program. I support my child in pursuing a healthy, drug-free lifestyle in order to graduate successfully and become a well-adjusted young adult. **I understand I may list any activities I do not want my child to participate in on the back of this form.**

\_\_\_\_ No, I do NOT grant permission for my student to participate in the School Based Youth Services Program.

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**Parent/Guardian’s Name (Please Print)**      **Parent/Guardian Signature**      **Parent/Guardian Email Address**

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**Student’s Name (Please Print)**      **Student Signature**      **Student Email Address**

**Date Signed:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**\*\*This consent remains in effect until the student’s high school graduation or until it is rescinded in writing.**

**TeleHealth School Consent for Remote Participation**

School: **Cape May County Technical High School**

Graduation Year: \_\_\_\_\_

If eligible, do you consent to receive services via TeleHealth?  Yes  No

- 1. Telehealth consent gives permission for individual sessions and classroom presentations to take place via video conference.**
2. You have the right to cease telehealth services at any time and resume or continue with traditional face-to-face counseling sessions.
3. Acenda Integrated Health reserves the right to determine whether or not you are appropriate for telehealth services.
4. You have the ability to connect to our telehealth platform through an email account that is secure and accessible to you. You may connect via desktop, laptop, tablet, or phone with audio and visual capability.
5. You agree to hold telehealth sessions in a manner that provides you privacy and confidentiality and will notify your clinician if someone else is in the room with you.
6. You will access sessions through a private WiFi network. Public WiFi is not private/secure and should not be used for telehealth purposes.
7. Staff is readily available to answer any technical questions or concerns you may have before, during, or after the session.
8. You will hold Acenda Integrated Health and its affiliates harmless for any information lost due to technical failures.
9. Acenda Integrated Health assures that our telehealth platform meets or exceeds all HITECH and HIPAA regulations.
10. Acenda Integrated Health staff will always confirm your identity prior to each telehealth session.
11. Acenda Integrated Health staff will inform you of anyone other than your clinician who is in the room while a telehealth session is underway. Please note that the sessions are not recorded. Acenda Integrated Health’s practice does not allow photographing, videotaping, or otherwise recording of sessions. All existing laws regarding your access to and copies of your medical records apply to the information obtained via telehealth.
12. You have been advised of all the potential risks, consequences, and benefits of telehealth. The information provided above has been discussed with you, and you have had the opportunity to ask questions about this form and telehealth. All your questions have been answered, and you understand the written information provided above.

\_\_\_\_\_  
Print Student Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Legal Guardian Name

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

\_\_\_\_\_  
Date