



Distance Services Informed Consent

_____ (Parent/Legal Guardian) and _____ (Parent/Legal Guardian) request and consent for STARRY to provide services for my/our youth and family.

Name of Youth _____

Service Delivery:

STARRY will provide phone based services for counseling and family support for families who have been identified as an appropriate fit based on the distance counseling assessment form. STARRY staff will assess on an ongoing basis the appropriate fit of distance counseling. If it is determined that it is no longer appropriate your counselor/family support specialist will discuss alternative options for receiving services with your family. Families receiving distance counseling are made aware that there are the following potential risks and ethical considerations: client PHI can be overheard if client is not in a private location when participating in distance services, there is an increased risk in PHI being accidentally obtained through the use of technology (hackers/etc.) and there is the possibility that services can be interrupted or disconnected due to technical failures. STARRY utilizes JIVE for all phone calls.

_____ Legal Guardian initials _____ Legal Guardian initials

Limitations to Distance Counseling:

Distance services can only be done via individual counseling or individual family support services. STARRY staff will only be able to speak to one person via phone per session. This does not have to be the same person for every appointment. Phone services that are provided directly to children will be reserved for children that are 12 years of age or older. Please do not put your phone on speaker to include multiple people in the appointment.

_____ Legal Guardian initials _____ Legal Guardian initial

Back Up Plan for Technical Failures:

In the event of a technical failure, the following back up plan will be enacted: your counselor/family support specialist will attempt to call you 5 minutes after the technical failure to resume the appointment. If contact is unable to be made, your counselor/family support specialist will call you the next business day to reschedule.

_____ Legal Guardian initials _____ Legal Guardian initials



Emergency Procedure:

When an emergency arises and your counselor/family support specialist is not available, please contact STARRY on our 24/7 crisis hotline: **800-440-9789**. If there is an emergency that requires medical attention or the police, please call 911.

_____ Legal Guardian initials _____ Legal Guardian initials

Electronic Health Records:

STARRY uses EHR Your Way powered by Adaptamed, LLC to create and maintain your electronic client file. This is a HIPAA compliant and secure program that stores your protected health information. Our electronic system is encrypted with dual authorization security and all protected health information (PHI) is encrypted within the system.

_____ Legal Guardian initials _____ Legal Guardian initial

Counselor/Family Support Specialist's physical location for services:

Office Address:

Office Phone :

Your Counselor/Family Support Specialist's Name & Credentials:

Signatures of Parent(s)/Legal Guardian(s)

Date

Signatures of Parent(s)/Legal Guardian(s)

Date

Signature of Youth(s)

Date

Signature of Youth(s)

Date

Signature of other participant

Date

Signature of STAR Counselor or Family Support Specialist

Date

Signature of STAR Counselor or Family Support Specialist

Date