

STUDENT MENTAL HEALTH DISCLOSURE STATEMENT - Jennifer Hudson, MA, LMHC, CMHS

Dear Lake Stevens School District Student and/or Family:

My name is Jennifer Hudson and I am the Student Mental Health Support Specialist for Lake Stevens School District at Lake Stevens High School. This document is meant to help you understand my role, qualifications, education, areas of expertise, the potential risks and benefits of working with me, how we can communicate, and the limits of confidentiality. I am a Licensed Mental Health Therapist (LH60172378) in the State of Washington. I have my Master's Degree in Behavioral Science from Bastyr University. I am a Child Mental Health Specialist in the State of Washington. I have experience working with children, teens, and families who are experiencing challenges such as trauma, crisis, transition, depression, mood disorders, anxiety disorders.

My Role: My job is to work with students, school staff, families, and outside providers to support students experiencing mental health concerns. My role includes screening for mental health needs and providing appropriate referrals. I may offer individual and/or group support to students and/or families. Individual support may include check-ins to work through big feelings and thoughts that may be getting in the way of learning. I may help students and/or their families identify coping tools that are more helpful. I may discuss how symptoms might correlate to a mental health issue, this is called screening. We may talk about how a student/family can get help, this is called a referral. I provide support, which is different than counseling, because I do not diagnose or treat a mental health issue. We *will not* work toward specific goals using a treatment plan. While I may provide support, screening, and referral services, I will not be providing mental health counseling services or assessment. No fees will be charged.

Potential Risks and Benefits: Working with a Support Specialist can help students and/or their families identify a problem and move toward change. Sometimes the problem(s) are difficult to face and a student/family may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, or helplessness. On the other hand, receiving these services may have many benefits, like an increased sense of connection with adult(s) at school, identifying stressors that are affecting school performance, and movement toward coming up with coping tools that work. Services can also help student/family connect with outside help like a counselor or doctor so that mental health needs can be addressed.

The Relationship:

A relationship with a student/family is professional in nature. While you are a Lake Stevens School District student: We will not be personal social media 'friends' and I will not knowingly 'follow' a current student or known family member in a social media setting. I will not invite you into a business venture, ask you for personal favors, and we cannot be personal friends. I live locally, so there may be *unplanned* times when we see each other outside of school. If this happens, I will not approach you or your family to say hello. You can approach me if you like, but if I am with someone I will not introduce you. This is to protect your privacy.

If we have had a relationship prior to working together in the role of Student Mental Health Support Specialist, we will discuss it thoroughly and make decisions to help protect your privacy and sense of safety. If I have a professional practice outside of the school district, I will not utilize Lake Stevens School District resources to garner information or promote my professional practice business. We will be mindful to thoroughly address conflicts of interest and/or dual relationships. This may mean that I will be unable to provide individual services for you or your known immediate family in a professional private practice setting.

Communication: A student/family (and/or their outside providers) can contact me by phone. While I will try to return your call as soon as possible, please note that it may take up to 3 school days to get back to you. My contact information is: Phone: 425-335-1571, Fax: 425-335-1601, Email: jennifer_hudson@lkstevens.wednet.edu. My office is located in the counseling center at Lake Stevens High School.

Electronic Communication: I discourage the use of email or text messages to discuss highly personal matters. My work phone and email are password protected. However, all information is transmitted through a network server and because I work for the School District, this information may be subject to disclosure in accordance with various state and federal laws (see Confidentiality section below). I may respond to emails if you initiate the conversation. I may respond to email if we are discussing things like: simple problem solving, coping strategies, scheduling issues, and/or local resources. I may use a 'one-way' electronic communication service that a student/family has signed up for in order to receive reminders for groups/events.

Confidentiality: The information you share with me will be regarded with respect and handled in a professional manner. I must also abide by School District rules and I must notify School Administration if you are under the influence of drugs/alcohol on school grounds, or are breaking a school rule or policy in my presence. As a mandated reporter under the statute RCW 26.44.030, we are required to report to CPS (Child Protective Services) or law enforcement agency if we have reasonable cause to believe that a child has suffered abuse or neglect (past or current). Other limits to confidentiality may include when there is an urgent concern that you have, are, or will harm yourself or others; if you report that someone has harmed you; if you identify a minor (under 18) that you believe is being harmed or is harming themselves; if you admit to exposing an unborn baby to controlled substances that are potentially harmful; if there is an urgent issue and telling someone is necessary to protect your or others' health/safety; if it is necessary or required to prevent the spread of communicable disease or infection; if the disclosure to a health care provider is necessary for treatment purposes; or if a court orders release of specific information. There are times that I must notify caregivers (family identified in Skyward) if I believe there is a significant safety/health concern such as suicidality or imminent harm to yourself.

For support groups at school, it is my job to seek agreement from group members' concerning each individual's right to confidentiality and their obligation to preserve the confidentiality of information shared by others. However, I cannot guarantee that all participants will honor such agreements.

Because I work for the school district, disclosure of information may be required pursuant to various other laws including FERPA 20 U.S.C § 1232g, Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681, Washington Public Records Act, and the Individuals with Disabilities Education Act (IDEA). 20 U.S.C. § 1412, 34 C.F.R § 99.3. . For example, FERPA gives your parents the legal right to access any records that are related to you and are maintained by us or by the school.

Rights/Responsibilities: Individual and/or group support may occur during class time. If so, the absence is excused as a school activity. I encourage you to check-in with your teacher to see what you missed. It is your responsibility to make-up missed work. *Working with me is not mandatory.* Support services may offer tools (as described above), but it is your responsibility to practice skills. My job is to help facilitate change, but I cannot do it for you. There are no guarantees of what benefits you will experience as a result of working with me. I encourage students and families to ask questions, share opinions, and take ownership of this support process.

If you suspect that my conduct has been unprofessional, please discuss this with me and/or the Lake Stevens High School principal, Leslie Ivelia, 425-335-1515. You may also contact my supervisor at the district office, Miriam Tencate 425-335-1504. You also have the right to contact the Washington State Department of Health Systems Quality Assurance at the following phone number and address: Phone: 1-800-633-6828. Address: P.O. Box 47857, Olympia, WA 98504.

Emergency/Crisis: *Please do not call, text, or email me if it is an emergency or crisis situation.* I cannot guarantee that I will see the email or get the voice message right away. If there is a crisis or safety concern and you need immediate help, please call the Care Crisis Line at 425-258-4357 or 911 if applicable.

By signing this, I am stating that I have read and understand the information provided to me in this Student Mental Health Disclosure Statement.

Student name: _____

Graduation Year: _____

➡ Student Signature: _____

Date: _____

➡ Parent/Guardian Signature _____

Date: _____

(if student is under age 13)

Jennifer Hudson, MA, LMHC, CMHS
Student Mental Health Support Specialist

Date