

Teletherapy Services Notice & Opt-In Form

Opt-In Information for Hazel Health Services

You will need to opt-in to allow your child to receive access to Teletherapy Services provided by Hazel Health.

- I have decided to not Opt-in (no additional action needed)
- I would like to opt-in for teletherapy services. Please submit an **opt-in request** (details below)

By opting your child into Hazel Health, you are opting to have access to virtual mental health services at no cost if the need arises. If you opt in, FCPS will share the following demographic information with Hazel Health: student name and date of birth, parent/guardian name(s), and parent/guardian contact information. By opting into sharing this information, you will be able to schedule appointments for teletherapy services for your child without the involvement of FCPS staff. Opting in will also allow your school counselor, social worker, or psychologist to submit a referral for teletherapy services for your child on your behalf. **Please note that by opting in, you are not consenting to services but providing approval to FCPS to share your students information with Hazel to start the process.** A separate parent/guardian consent for services will be required for youth under the age of 18 to access teletherapy services. The consent for services form can be found at <https://my.hazel.co/fcps/info> or by using the QR code below.

You have the ability to change your student's opt-out status at any time, via SIS ParentVUE or by submitting a request to the school.

I opt-in, _____ (Student's Full Name) to accessing Hazel Health Services.

Student ID Number: _____

Parent Signature: _____

Date: _____

Visit these websites for additional information

www.fcps.edu/teletherapy
FCPS Information Site

<https://my.hazel.co/fcps/info>
Hazel Health Information Site

