

國立南科國際實驗高級中學心理諮商服務家長/監護人同意書

親愛的家長，您好：

為協助貴子女處理個人情緒、行為、人際關係、內在心理議題、學校生活及日常生活…等困擾，學校經輔導評估後提出校內專業心理諮商服務，期望校內心理師共同協助貴子女。為了讓您了解諮商服務方式，謹以以下內容詳細說明。若您在詳讀後同意貴子女接受服務，請您在同意書簽名後交回學校輔導室。

服務說明：

一、服務方式：

- (一) 本校心理諮商服務需在貴子女及其父母親/監護人明確被告知、同意後始得進行，但遇緊急危難狀況除外。
- (二) 諮商心理師除提供貴子女個別心理諮商外，視情況與家長、相關系統溝通合作以協助貴子女成長及紓解困擾。
- (三) 諮商服務原則上以每週一次，每次一節課方式進行；遇特殊狀況將彈性調整。

二、心理師為心理諮商與輔導或臨床心理學等相關領域研究所畢業，通過國家考試及格，領有專業證照。

三、保密原則：諮商心理師嚴守專業倫理，對於諮商晤談中所知悉之個人隱私，必盡力守密，以維護貴子女的最大權益。但遇以下情況則不在此限：

- (一) 貴子女的情況可能危及到自己或他人之生命、自由、及安全者。
- (二) 貴子女的情況或其關係人涉及法律責任或行政規定者，如家庭暴力防治法、兒童及少年福利與權利保障法、兒童及少年性交易防制條例、性別平等教育法等。

諮商心理師將依職責對相關人員進行預警或法定通報。

四、錄音/錄影：為了維護及提升心理諮商服務的品質，諮商心理師可能在和貴子女的個別諮商晤談中進行錄音或錄影。錄音或錄影的內容僅供專業人員在進行個別或團體督導中使用，不得做其他用途使用，影音資料將在督導完成後於學校輔導室監督下進行銷毀。

五、個人資料使用及管理：

- (一) 學校或家長所提供的貴子女個人資料僅供心理諮商服務使用。除了專業服務及相關行政管理上需要接觸到的相關人員之外，其他人不得任意查閱。相關人員亦不得洩露給任何個人或機構。
- (二) 學生資料將以極機密方式保存於本校檔案櫃，保存期限依相關法律之規定。

六、同意諮商服務存續期間：同意諮商服務部分將於簽署同意一年內有效，但遇諮商結束、家長/監護人撤銷即提前解除，欲再提出申請需另簽同意書乙份；若諮商期間超過一年，則自動延長至諮商結束。

本人已經詳細閱讀前述服務說明，謹同意下列事項：

- 1. ☐ 同意本人子女_____接受貴校的心理諮商及在保密、不逾服務範圍下使用個人資料。
- 2. ☐ 同意諮商心理師為提供最佳心理諮商服務品質，進行錄音或錄影，並可以在專業督導中進行討論。

此致

國立南科國際實驗高級中學

家長/監護人簽名：_____ 日期：____年____月____日

NNKIEH Psychological Counseling Parents/ Guardians Consent Form

Dear parents,

To assist your child with concerns of emotions, behavior, interpersonal relationship, inner psychological issues, school life and daily life, etc., school provides professional psychological counseling after evaluating the needs. Hope school psychologist can help your child with you. To let you have a better understanding of how this work, please read through this consent form. If you agree to let your child receive the service, please sign the consent form and submit it to school counseling office.

1. **Service:**

- (1) Psychological counseling will only be conducted when parents/ guardians are clearly informed and with consent except under emergency.
- (2) School psychologist will not only provide individual psychological counseling but also may communicate with parents or related organizations to assist your child and solve the concerns.
- (3) Psychological counseling session is 50 minutes per period and is suggested to take place once a week. It can be adjusted according to the actual need.

2. School psychologist has master degree in psychological counseling or clinical psychology related field and pass national exams and with license.

3. **Confidential:** School psychologist will follow the confidential protocol to protect the privacy of students to keep the best benefit of your child except under the following situation:

- (1) Notice your child has the intention of hurting himself/herself or others
- (2) Notice your child is involved in related legal issues, for example, Domestic Violence Prevention Act and The Protection of Children and Youths Welfare and Rights Act, etc.

School psychologist will have to notify related parties or report it to the related authorities.

4. **Audio/ Video Recording:** To protect and increase the quality of psychological counseling service, school psychologist will record audio or video during the psychological counseling sessions. The recording contents will be only used for supervision purpose and will be deleted after the supervision is done.

5. **Data Usage and Management:**

- (1) Your child's data will be used only for psychological counseling purpose. Except related personnel for professional service and related administrators, others will not have the access to it. Related personnel will also need to follow the protocol to keep students' data confidential.
- (2) Students' data will be kept confidentially in NNKIEH Counseling Office following the related regulations.

6. Psychological Counseling Session Duration Agreement: psychological counseling session duration agreement is valid for one year. It will be expired when the session is done or when parents/ guardians cancel the agreement. In such case, consent form needs to be signed again to restore the psychological counseling session. If the psychological counseling session lasts more than one year, the duration agreement will automatically be extended until the session is done.

I have read though the notice and understand its content. I, hereby give consent to:

- 1. ☐ Agree my child, _____, to receive psychological counseling service.
- 2. ☐ Agree school psychologist to record audio or video and discuss the case in supervision.

To National Nanke International Experimental High School

Parent Signature: _____ Date: _____