



Behavioral Health Clinic

IN PERSON • ONLINE
www.wibehavioralhealth.com

Counseling Services by BHC Staff within WI Schools

Parent/guardian, please provide information below:

My child: (name) _____ sees: (name of counselor) _____
at Behavioral Health Clinic (BHC). I am requesting that my child be offered a private room to take part in counseling sessions during school hours in the school setting. Please note that I have signed a release of information form so that school staff may communicate with my child's counselor if needed. My child's counselor is aware of this request and is skilled in online counseling.

- My child knows which device they will be using and how to join their session
- My child does not yet know which device they will be using and/or how to join the session.

Comments: _____

School staff, please provide information below:

1. Days and times that the above student can take part in online counseling with their BHC clinician in the school setting include:

2. The following staff member(s) will be the point(s) of contact at school (please provide name and contact information):

After both school staff and parent/guardian have completed this form, please fax form to Behavioral Health clinic at: (715) 848-0425 or email to: appointments@bhcwausau.com.