



Heal Together Counseling, LLC  
194A Pleasant Street, Suite 206  
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## **Educational Advocacy Consent**

### **What to expect:**

The purpose of Educational Advocacy is to support parents through the Special Education process in New Hampshire. This includes parent education about the process, supporting parents through the initial referral and assessments, the development of special education programming, follow up support, and more.

Although Educational Advocacy sessions and documentation are private it is important to understand that there are times when I am bound, by law, to share certain pieces of information, these include:

- A plan to harm yourself.
- A plan to harm someone else.
- A report of child/elder abuse.
- A court ordered subpoena.

### **Third Party Communication:**

At times, it may be helpful for me to speak with other individuals involved with your family and your child. Please know that this will only happen with your written consent or the consent of a single parent in the instance of a minor child. Fees associated with third party communication are listed in the financial agreement.

### **Practice Policies**

- I understand that educational advocacy records may contain sensitive information. It is the practice policy to maintain the confidentiality of these records unless subpoenaed by a judge (information may be limited to prevent harm). Any request for records outside of a subpoena will be limited to a summary.
- I understand and acknowledge that participation in Educational Advocacy services is not a guarantee that my child will receive special education services. I agree not to hold Heal Together Counseling, LLC liable in any way for any determinations that are made by the school district, mediators, Department of Education, or other parties involved in the special education process.

- I understand and acknowledge that Heal Together Counseling will not testify in court hearings for clients of educational advocacy services.
- I understand that if I am more than 10 minutes late to my educational advocacy session, services may not be able to be provided and any late cancellation/no show fees will apply.
- I understand that, at times, my provider may participate in professional consultation regarding my case. No identifiable information will be shared. Consultation is designed to help ensure the best care is received.
- I understand that any video/audio recording of educational advocacy is strictly prohibited.
- In the event of an emergency whereby Rebecca Searles or other Heal Together Counseling staff are unavailable/unable to contact clients directly, I understand that an identified proxy social worker will have access to client contact information to discuss options for services and provide families with updates.

**Consent to Educational Advocacy Services Signature Page**

By signing below, the participants acknowledge that they have reviewed the Consent to Educational Advocacy document for Heal Together Counseling, LLC and have had any questions about the information within the document answered.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to client

\_\_\_\_\_  
Advocate Signature

\_\_\_\_\_  
Date