



205 S. Skinner Ave.  
Unit A  
Pooler, GA 31322  
912-349-8043  
[www.buildingblocks.solutions](http://www.buildingblocks.solutions)

Dear Parent/Guardian:

Your student has been referred to the School Counseling Telehealth Program with Building Blocks Family Counseling. This is a collaboration between the Effingham School System and Building Blocks Family Counseling- a mental health private practice with locations in Savannah, Pooler, and Rincon.

### **How does it work?**

A referral will be sent from your student's school counselor to Building Blocks. You will receive a call from our office to set up an appointment, get insurance information, complete paperwork, etc. An online intake appointment will be scheduled for your student during the school day (based on times provided by the school counselor). An online intake appointment will also be scheduled between your student's therapist and yourself to gather information regarding your student. The Therapist will schedule routine parent/guardian check-ins with you and family sessions as needed. Sessions with students will generally be weekly (during school hours) and last for 30-45 minutes. Parent/Guardian sessions can be held during or after school hours and last for 45-50 minutes.

### **Paperwork Needed**

In order to provide these services we need the following paperwork completed for each student. A new client intake packet, child/adolescent questionnaire, and a release of information for the school counselor. We will be coordinating sessions with your student through the school counselors at their school so it is important we have the release of information completed.

### **Appointments**

Appointment reminders via email, text, and phone will be sent the day before any scheduled appointments. Please make sure we have the best contact information on file so you will receive all of the reminders.

If you have any questions or concerns please feel free to address these with your therapist. If you feel like your student no longer needs services, please also communicate this with your therapist. For more information on Building Blocks Family Counseling, please go to our website at [www.buildingblocks.solutions](http://www.buildingblocks.solutions).

Sincerely,

Building Blocks Family Counseling



## Two-Way Records Release

Date: \_\_\_\_\_ Client's name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

If there is a Custody agreement (please circle/highlight one): Shared Sole Joint Other \_\_\_\_\_

Who has legal decision-making power for medical/psychological treatment? \_\_\_\_\_

Primary Guardian's phone number: \_\_\_\_\_ Address: \_\_\_\_\_

I authorize a two-way release of records/information between the following Effingham County School and Building Blocks Family Counseling:

Name of School: \_\_\_\_\_

Phone: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

**Type of Release:** This release is to allow the school to openly communicate with the assigned therapist at Building Blocks regarding appointment scheduling and information about your child's counseling services throughout the school year.

**Valid for:** Current School Year **ONLY**

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Primary Parent/Guardian's Signature Date



**Telehealth in Schools Program**  
**Building Blocks Family Counseling**  
**912-349-8043**  
**[info@buildingblocks.solutions](mailto:info@buildingblocks.solutions)**  
**[www.buildingblocks.solutions](http://www.buildingblocks.solutions)**

**(Student) Client's Name:** \_\_\_\_\_

**(Student) Client's DOB:** \_\_\_\_\_

**Parent/Guardian's Name, if under 18:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Does the student have health insurance:** \_\_\_\_\_

**Referring Counselor (Name and contact info):** \_\_\_\_\_

**School Information**

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Preferred day/time for in school session:** \_\_\_\_\_

**Email to send telehealth session link:** \_\_\_\_\_

**Please describe reasons for referral, and attach any related documentation:**

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Please email all referrals to [info@buildingblocks.solutions](mailto:info@buildingblocks.solutions) with subject line

**Telehealth in School Referral: (School Name)**