



## **MOA for Counseling Services by community provider during school day**

Mat-Su Borough School District  
501 N. Gulkana  
Palmer, AK 99645  
P: (907)746-9212 || F: (907)746-9292

### **Memorandum of Agreement for Community Agencies Utilizing Space in a School to Provide Parent Directed Services**

**Name of Community Agency:** \_\_\_\_\_

**Name of provider from above Agency:** \_\_\_\_\_

**Agency phone:** \_\_\_\_\_

**Provider phone:** \_\_\_\_\_

**Name of MSBSD School** \_\_\_\_\_

**Name of student client(s)** \_\_\_\_\_

The purpose of this memorandum of agreement is to ensure the safety of students, and document parent/guardian permission for student(s) to participate in social and emotional counseling from non-school related providers during the school day at the school site.

#### **Community Agency agrees to:**

- Provide documentation of parent/guardian permission for their student(s) to participate in counseling services from Agency at school during the day.
- Sign in and out at the front desk of the school each time they visit.
- When an authorization to exchange information is in place, confer with school staff regarding known behavioral/mental health needs that will impact a student's educational performance, within the limits of confidentiality as required by Federal, State and Agency regulations.
- Ensure service providers will have completed a hiring process within the Agency including background and sex offender registry check, and reference checks prior to providing services at the school site.

#### **MSBSD Schools agree to:**

- Check the ID of service provider.
- Provide a meeting place that allows for confidential conversations where students can meet with their provider from the Agency.
- Excuse the student from class for the counseling session, with the understanding that there may be work to make up.
- Check the sex offender registry to verify the provider is not listed.

#### **Both parties agree to:**

- Address concerns either from Agency staff or about Agency staff to the building principal.

**Confidentiality**

\_\_\_\_\_ and \_\_\_\_\_ have the  
(School) (Agency)

responsibility of maintaining confidentiality in accordance with Alaska regulation 4 AAC 52.220 Protection of Records, Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Federal regulation 42 CFR Part 2. Therefore, no confidential information will be shared between the two agencies or outside agencies without written parent/guardian permission.

**Terms of Agreement**

Terms of this agreement will be renegotiated as needed upon request. Problems or concerns about implementation of any part of this agreement should be referred to any of its signers. This agreement will be in place until renegotiated or terminated by either party.

\_\_\_\_\_  
School Principal Signature Date

\_\_\_\_\_  
Chief Executive Officer of Agency (or designee) Date

- Copies sent to:
- School
  - Agency