

Harbor Beach Community Hospital- Ubyly Student Health Center

Parent/Guardian Consent Form

The goal of the Ubyly Student Health Center is to meet the social and emotional health needs of students to improve their learning. Our services support family values and relationships as much as possible.

SERVICES: Harbor Beach Community Hospital's Ubyly Student Health Center provides the following:

➤ Group & Individual Counseling ➤ Referrals to other agencies ➤ Health Education ➤ Help applying for health insurance

Services **not provided** at the Student Health Center include: Substance abuse counseling or intensive psychotherapy

PARENTAL/GUARDIAN CONSENT

If a signed consent form is on file, your child will be able to receive the services listed below. **By law and center policy, your child will not receive these services without consent to the extent permitted by law.** If you have questions about the following services, please contact Trish VanNorman, Center Director at 989-712-0203.

Check yes if you would like your child to receive these services if they are needed.

Yes No

Social/Emotional Health Counseling (i.e. bullying, anger/stress management, depression, friendship skills, etc.)

- I have reviewed and understand the services offered by Harbor Beach Community Hospital's Ubyly Student Health Center. I give consent for my child to receive the services indicated on this document. By signing this consent form, I certify that I am the legal guardian and legal custodian of

Child's Name _____ **Grade** _____

This consent form will be considered active until such time as I withdraw my consent in writing. I understand I may withdraw my consent for service upon written notice to my child's school at any time.

- I understand that minor children without a signed consent form on file will not be seen. Exceptions to this include a verbal consent by phone from parent twice per calendar year; an emergency threatening the life of the child or others; students who are legally emancipated, legally married, under court-order, or members of the armed forces.
- I further authorize the Student Health Center to release information regarding treatment to other medical or mental health providers when needed for coordination of care; to school staff when needed to coordinate services at school; and third party payers to bill when needed for payment of services rendered.
- I understand that the center will follow state laws that allow minors to obtain specific services. The center will make referrals for mental health, substance abuse, family planning, and child abuse as outlined in state laws. It is the responsibility of the student or parent/guardian to follow-up with referrals and to pay for those referral services. Under law, parental consent is not required for outpatient mental health services for individuals age 14 and older. Parent involvement in these situations is highly encouraged by staff.
- I understand that the school program staff will have access to view school records in order to coordinate appointments and absences related to services. Access to this information may include demographic data, class schedules and attendance records.
- I acknowledge that I have received the Notice of Privacy Practices issued by Harbor Beach Community Hospital, which was effective April 14, 2003, and revised as of June 1, 2013. I understand that I can obtain a copy of the Student Health Center, Harbor Beach Community Hospital's Notice of Privacy Practices by going to https://docs.wixstatic.com/ugd/d9491d_e159d3c1168a41c794b4bc54f14e9aa3.pdf or by requesting a paper copy.
- The Student Health Center does not discriminate against clients based on sex, race, religion or sexual orientation.
- It is our policy not to deny services to any child based on ability to pay. If you receive a bill for services, we may be able to help. If you or your child needs assistance with applying for insurance or our sliding fee scale, please contact center staff for assistance.

Signature of parent/guardian (Student if over age 18)

Date

(Please turn over and complete)



