



CONSENT FOR BEHAVIORAL HEALTH SERVICES

PLEASE READ BEFORE YOU SIGN

Child's Name _____

School _____

Date of Birth _____

Grade _____

Big Sandy Health Care provides Behavioral Health services for students in the Martin County schools. These services include assessments to determine the need for counseling and the provision of counseling to students. By signing and dating this document, I am consenting for my child to have an assessment performed by a Big Sandy Health Care-employed Therapist. I further consent for Big Sandy Health Care's Therapist to meet with my child during the school day to provide counseling services. I also consent for my child's Big Sandy Health Care Therapist to share information about my child, on a need-to-know basis, with school personnel. I understand that I can terminate Behavioral Health services and revoke this consent, in writing, at any time. I understand that if I want Big Sandy Health Care to provide treatment information about my child to anyone other than school personnel, I will have to authorize and consent, in writing, to release information.

I understand that Big Sandy Health Care must follow all laws on patient privacy and confidentiality. Each state has exceptions to laws on privacy and confidentiality when the safety and wellbeing of a person is in question. Under such exceptions, reports to a third party are required. Big Sandy Health Care Therapists are required by law to make a report to a third party for safety reasons when presented with information regarding the following: the abuse of a minor child; the abuse of a senior citizen or dependent adult; a patient who has threatened the safety, wellbeing or life of another person; and a patient who has threatened to harm himself/herself or take his/her own life. If the Therapist has reason to believe that a person with whom he or she has had a professional interaction has experienced domestic or dating violence, the Therapist shall provide the victim with educational materials including information about how he or she may access regional domestic violence programs or rape crisis centers, and how to access protective orders. Upon the request of a victim, the Therapist shall report an act of domestic or dating violence to law enforcement, after first discussing the making of such report with the victim.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____