



Student Wellness Center Consent Form

I, the custodial parent and/or legal guardian, consent and authorize treatment including, but not limited to behavioral health services, physical health services, individualized risk reduction and one on one health education. I understand services may be provided during the school day. I have reviewed and understand the services offered by the School Health Clinic. I give consent for my child to receive the services described above during the 2020 -2021 school year.

I understand that I can withdraw my consent at any time through written notification. By signing this document, I acknowledge:

- I understand that services including sexually transmitted infection testing and treatment, including HIV testing, HIV counseling and substance abuse services may be provided without parent/guardian consent under the following Michigan "Rights of Minors to Consent to Health Care Services" laws. These services are in accordance with the MCLA (Michigan Compiled Laws Annotated) 333.6121, 333.5127, 333.5133.
- I understand the Student Wellness Center **does not prescribe or dispense birth control methods/devices or provide pregnancy or abortion counseling, services, or referrals at any time.**
- I understand that mental health screening and counseling may be provided without parent/guardian consent. In accordance with the MCLA (Michigan Compiled Laws Annotated) 330.1707, parental consent is not required for outpatient mental health services for individuals age 14 and older. Outpatient mental health services shall be limited to not more than 12 sessions or 4 months. After the 12th session or 4th month, services will be terminated or parental/guardian consent will be needed.
- **I understand that crisis interventions and emergency care do not require a consent. Life-saving interventions may be initiated without prior consent.**
- I understand that under Michigan State Law, in the event that a healthcare professional from the Student Wellness Center is exposed to blood or bodily fluids from a patient, testing (including HIV/AIDS) may be performed on a patient without consent.
- I understand that if I request an immunization for my child, my child's immunization record from the Michigan Childhood Immunization Registry (MCIR) will be reviewed. If it is determined that my child needs an immunization, a Vaccine Information Sheet will be sent home and a consent form must be signed and returned before an immunization is administered. Immunization administration will be by appointment only.
- I understand staff at the Student Wellness Center are mandated reporters and required to report suspected abuse or neglect in accordance with the MCLA (Michigan Compiled Laws Annotated) 722.623.
- I understand that services are in compliance with all Health Insurance Portability and Accountability Act (HIPAA) laws and regulations. The full privacy practice is available for me to review. I understand a copy of the privacy practices can be mailed to me at my request.
- I understand that the Student Wellness Center will not discriminate against any person on the basis of race, ethnicity, national origin, religion, marital status, political preference, physical or mental ability, height, weight, sexual orientation, gender identity, health insurance or ability to pay.

(Continued on reverse)

Medical Services

☐ YES, I consent for my child to receive MEDICAL CARE at the Student Wellness Center

Mental Health Services

☐ YES, I consent for my child to receive MENTAL HEALTH CARE at the Student Wellness Center

Name of Student: _____ Birthdate: _____

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Phone Number: _____