Parish Hill Middle/High School
304 Parish Hill Rd.
Chaplin CT 06235
(860)-455-9584

SCHOOL-BASED HEALTH CENTER GENERAL CONSENT & PRIVACY NOTICE

The Expanded School-Based Health Center (SBHC) is dedicated to promoting the overall success and well-being of students at Parish Hill Middle and High School. Our mission is to support educational achievement by addressing the physical, emotional, and social health needs of students and their families. We provide a comprehensive range of services—including mental health counseling, supportive family interventions, health education, wellness promotion, and referrals to community resources—all delivered in a manner that is free of charge, confidential, culturally sensitive, and easily accessible.

Services Provided

Services available through the SBHC may include, but may not be limited to:

1. Individual, group and crisis counseling
2. Prevention and education services
3. Referral services to community health, mental health and supportive families services
4. Liaison between school, home, and community
5. Liaison to interdisciplinary teams such as:
    a. Special Education
    b. 504/IEP
    c. Student Assistance Team
    d. Crisis Team
6. District Eleven Substance Abuse Prevention Council (DESAP)

Enrollment

Participation in SBHC services requires a **completed and signed enrollment and consent form for the appropriate providers**. Students aged 18 or older may enroll themselves. Enrollment remains valid while the student is actively enrolled in Regional School District #11. If a student withdraws and later re-enrolls, a new consent **AND** enrollment form must be submitted. Parents or guardians may revoke consent at any time in writing to the school social worker.

Confidentiality & Communication

SBHCs follow all applicable **state and federal confidentiality laws**.Health records shared with the school district may not be protected under HIPAA, but will be subject to FERPA (Family Educational Rights and Privacy Act) once integrated into the educational record.

As **mandated reporters**, SBHC staff are legally required to report suspected child abuse, neglect, or any situation that poses a serious risk of harm to self or others.

SBHC providers may communicate with:

- Child's **Primary Care Provider (PCP)**
- **School personnel**, where appropriate, to support health and safety
- **Outside agencies or providers** involved in your child's care

CONSENTS AND ACKNOWLEDGEMENTS

Please review and initial each section below:

Initials: _____ I understand that information on how the SBHC will use and disclose my child's health information is available in the Notice of Privacy Practices.

Initials: _____ I authorize the release of necessary medical or behavioral health information, with supporting release of information form completed

Initials: _____ I authorize the SBHC to exchange relevant health records with my child's school district and primary care provider, as applicable, to support continuity of care. I understand that once shared with the school district, these records may become part of my child's educational file and protected under FERPA.

Initials: _____ I authorize the exchange of relevant health and mental health information between SBHC staff, school staff, and external providers as needed, unless I object in writing. This exchange supports my child's health, safety, and coordinated care.

Initials: _____ I understand that SBHC records may be transferred to other SBHC programs as necessary.

Initials: _____ I understand this enrollment form requires yearly review **or** completion to ensure current/accurate health information.

GENERAL CONSENT

I confirm that the information in the SBHC Enrollment Form is accurate to the best of my knowledge. I request and consent to **mental health, and community services** provided by the SBHC. I understand that no specific outcomes are guaranteed, and I may request another copy of this form and the Privacy Notice at any time.

Parent/Guardian: _____ Date: _____

(Signature)

Parent/Guardian: _____ Date: _____

(Print)