

## Otsego Student Health Center **CONSENT FOR TREATMENT**

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|------------------------|--------------------|---------------|
| <b>Student's Name:</b> | <b>Birth Date:</b> | <b>Grade:</b> |
|------------------------|--------------------|---------------|

The InterCare Otsego Student Health Center (SHC) is available to provide health care services for students ages 3 through 21, up to age 26 for clients eligible for special education services, and infants and children of adolescents up to age 21 in Allegan County. This consent for treatment form must be signed by a parent or guardian for students less than 18 years old to receive healthcare services at the Student Health Center.

**THE FOLLOWING SERVICES ARE AVAILABLE AT THE STUDENT HEALTH CENTER WITH CONSENT:**

- Comprehensive physical exams and physical exams for school, sports, and camp (available by appointment)
- Treatment for acute and chronic illness & injuries
- Vision and hearing screenings
- Immunizations
- Basic laboratory tests such as urine, blood sugar, hemoglobin
- STI & HIV education, counseling and voluntary testing
- Venipuncture (blood draws)
- Administration of medication
- Health Education and risk prevention counseling
- Referral for Specialty services
- Behavioral Health Services including individual, family or group behavioral health counseling

**Crisis interventions and emergency lifesaving interventions do not require consent.**

**SERVICES NOT PROVIDED:**

**No birth control pills or devices are dispensed or prescribed at the Student Health Center.** A referral list to community agencies will be provided. **No abortion counseling, referrals or services are provided.**

**The providing of medical services and the disclosure of medical information will be done in compliance with applicable state and federal laws and regulations. Current Michigan and Federal law mandates (requires) confidential services to mature minors without parental consent in the following areas:** counseling, testing, and/or treatment for substance abuse, sexually transmitted diseases; pregnancy testing, prenatal & pregnancy related care and referrals; referral for birth control and family planning services; and **outpatient mental health services limited to 12 visits or 4 months to minors 14 years of age and older (excludes prescription of medication).** This applies to minors who understand the nature and consequences of their actions. There is no specific age set forth in the law except for mental health services.

The provider may notify the parent/guardian, without the student's permission, if the minor is being harmed or harming others; if there is a high probability of self-harm or harm to others; or if it is determined to be in their the best interest. In this case, the provider will try to notify the student of their duty to inform the parent/guardian prior to the disclosure.

**Consent for Treatment:**

- By signing this consent, I give permission for the Otsego Student Health Center to obtain a copy of the named student's immunization record and to provide all required immunizations. I understand that when an immunization is given, a Vaccine Information Sheet will be given to the student and/or sent to the mailing address.
- By signing this consent, I give permission for the Otsego Student Health Center to provide recommended immunizations including **Influenza, Hepatitis A, HPV (Human Papilloma Virus) and Meningococcal B.** These will NOT be given if there are any medical conditions. *[Please indicate those immunizations you do not consent your student to receive by crossing them out above.]*
- I understand that according to Michigan law, testing for HIV and hepatitis may be performed without written consent in the event that an InterCare Community Health Network (ICHN) employee sustains a needle stick injury, or open exposure to a client's blood, mucous membrane or other body fluids.
- I further consent to the release and exchange of health care information to the student's primary care provider, if the student has one, for follow-up treatment and continuity of care.
- I understand that InterCare utilizes a coordinated care team approach and medical providers, support staff, care managers and behavioral health consultants may communicate about the treatment plan to coordinate care.
- This consent begins on the date signed and will remain effective for the duration of enrollment in Otsego Public Schools or though the beginning of the next academic year for graduates; however, you will be asked to update health forms and consent on a yearly basis. Consent may be withdrawn at any time through written notification.
- I consent to notification of school staff of visits to the health center only when needed to coordinate services, call students from class and for attendance purposes; **no medical information or reason of visit will be released.**
- I give my permission and agree that the above services may be provided to the Student by the Student Health Center in accordance with established protocols developed by InterCare Community Health Network (ICHN).
- I authorize ICHN to bill my insurance company and release related information necessary to complete the billing process as outlined in the Notice of Privacy Practices.
- I have had the opportunity to read the Patient Rights, Responsibilities and Afterhours Care for the Student Health Center.

**I verify that I am the legally authorized representative of the Student listed above or I am the Student and am 18 years or older. I have reviewed and understand the services offered. I give consent to receive the services as explained above.**

Signature of Parent/Guardian/Student 18 years or older

OSHC 2E 3/24 (0193)

Date

