

TCHATT Parental Consent and Authorization Form

What is the TCHATT Program?

The Department of Psychiatry at Texas Tech University Health Sciences Center El Paso (TTUHSC EP) through the Texas Child Health Access Through Telemedicine (TCHATT) Program delivers telemedicine services for public school students experiencing mental health problems. TCHATT's purpose is to provide mental health services to patients through clinical assessment and brief treatment to public school students.

Why should my student participate?

Sometimes, school and other life events can impact our students and cause mental health problems. By allowing your student to participate, you and your student can begin addressing mental health concerns. TCHATT can help through clinical assessment, brief treatment, and by providing referrals to other resources if needed.

What will happen if my student participates?

With your permission, a mental health professional will assess your student's social, emotional, and educational needs. Your student may receive up to four sessions of brief treatment. When necessary, the TCHATT professional will provide a referral to other mental health agencies.

Who will know about my student's involvement in the program?

Only school authorities and the TCHATT team will know about your student's involvement. TCHATT will not share your student's information with anyone outside of the program without your prior consent, except in the event of an emergency.

Please review the following statements and initial to indicate your agreement:

- I agree to release my child's school information to the TTUHSC EP TCHATT team, to include their grade report, the Individual Education Plan, and a copy of their disciplinary and attendance record.
- I permit the TTUHSC EP TCHATT team to share information about my child's health with our family doctor or pediatrician.
- I consent to the clinical evaluation of my child in person or via telemedicine by the TTUHSC EP TCHATT.
- I allow TTUHSC EP TCHATT to communicate with my child through their school or personal email at _____.
- I allow TTUHSC EP TCHATT to communicate with my child via phone call or text message at _____.
- I allow TTUHSC EP to communicate with me through my personal email.
- I allow TTUHSC EP TCHATT to communicate with me via phone call or text message.

I am the parent or legal guardian of the student and am in agreement with what I have read. I authorize my child to participate in the Department of Psychiatry, Texas Tech University Health Sciences Center El Paso, Texas Child Health Access Through Telemedicine (TCHATT) Program.

Student's Name (Please print)

Date

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Cell Phone Number

Email

Family Doctor/Pediatrician Name

Family Doctor/Pediatrician Phone Number

If you have any questions, please contact your student's school, or, you may contact the TCHATT Program directly at (915) 215-4070 or by email at tchatt.elp@ttuhsc.edu.

TCHATT Parental Consent and Authorization Form

Consent for Treatment Guidelines

Who May Sign for Consent

Consent for Minors

A minor is a person under 18 years of age, not married and has not been married, or has not had the disabilities of minority removed by the court. (*Tex. Family Code § 101.003*)

Who may consent to medical treatment on behalf of a minor? No order of priority (*Tex. Family Code § 151.001(a)(6)*)

1. Natural mother
2. Natural father
3. An unemancipated minor parent who has actual custody of his/her biological child for medical, dental, psychological, or surgical treatment for the biological child only
4. Adoptive mother or father
5. Parent who is appointed managing conservator (even for invasive procedures)
6. Parent who is appointed possessory conservator (as long as not for invasive procedures)

If none of the above can be contacted and there is no actual notice to the contrary, the following persons may consent to medical, dental, psychological, or surgical treatment of a minor: No order of priority (*Tex. Family Code § 32.001*)

1. Grandparent
2. Adult brother or sister
3. Adult aunt or uncle
4. An educational institution or an adult who has care, control and possession of the minor, with written authorization

Consent by any of these must be in writing, signed by the person giving consent, and must reflect the name of the person giving consent and the person's relationship to the minor, see 6.21.C, Alternative Consent for Minor by Non-Parent. Document all attempts made to contact the parent or guardian prior to accepting the non-parental consent.

When consent for a minor is not necessary:

1. An emergency (*Tex. Health & Safety Code § 773.008*)
2. Suspicion of child abuse; however, a physician, dentist or psychologist may not examine a child without consent if the child is 16 years of age or older and refuses consent. (*Tex. Family Code §32.005*)

When a minor may consent to his/her own treatment:

1. On active duty with the armed forces;
2. Is 16 years of age or older, resides separately and apart from their parents and manages their financial affairs regardless the source of support and with or without parental consent;
3. When consenting to the diagnosis and treatment of an infectious, contagious or communicable disease that is required to be reported;
4. If unmarried and pregnant, and consents to treatment related to her pregnancy other than abortion;
5. Consents to examination and treatment for drug and chemical addiction or dependency; or
6. Consents to counseling by a physician, psychologist, counselor, or social worker for sexual, physical or emotional abuse, suicide prevention, or chemical addiction or dependency.

A physician, dentist, psychologist, or hospital may rely on the written statement of a minor containing grounds on which the minor claims to have capacity to consent to his or her own treatment.

Note: A physician **may**, with or without the consent of the minor, advise the parents, the managing conservator or the guardian of any treatment given to or needed by the minor. This includes also disclosing medical records. This decision should be based on the best interest of the child. (*Tex. Family Code § 32.003*)

Please consult the Office of Professional Liability if you have any questions or need clarification.