



Place Patient Label Here  
Name & Date of Birth

**SCHOOL-BASED WELLNESS CENTER**

**PARENT/STUDENT CONSENT FOR SERVICES**

As a Parent or Guardian of a **minor** child (less than 18 years) you can elect whether your child will receive services at the Wellness Center. Students 18 years or older may sign for themselves to receive these services. **(PLEASE PRINT IN INK)**

I, \_\_\_\_\_, give my consent for \_\_\_\_\_ to receive  
(Name of Parent/Legal Guardian of Student) (Name of Student)  
health services at the \_\_\_\_\_ Wellness Center Administered by Bayhealth Medical Center.  
(Name of School)

**Wellness Center services include the following, as needed or requested:**

**PHYSICAL HEALTH**

- Assessment, diagnosis and treatment of minor illness and injury
- Physical examinations, including sports/employment/college physicals
- Immunizations in accordance with the Division of Public Health\*
- Nutrition services and referrals

**COUNSELING\*\***

- Individual, Group or Family Counseling
- Drug, alcohol and other substance abuse counseling and referrals
- Referrals for long-term counseling or other evaluations

**EDUCATION**

- Individual and group programs focusing on healthy life choices

**\*Immunizations** require separate consent before your student receives the immunization.

**\*\*Please be aware:** In accordance with Delaware law, any minor age 14 or over may consent to voluntary outpatient mental health services and substance abuse counseling without parental consent.

The following services are also available to students 12 years of age or older who are enrolled in this school-based Wellness Center. In accordance with Delaware law, any minor age 12 or over can receive these confidential services without parental consent. Your child must give the Wellness Center express permission to share information about confidential services with you or the health care provider may share the confidential information at his or her discretion when it is in the minor's interests.

**CONFIDENTIAL SERVICES**

- Condoms, Hormonal Birth Control (e.g. Oral Contraceptives & Depo)
- Pregnancy testing
- Diagnosis and treatment of sexually transmitted diseases
- HIV Counseling and Testing

**THE WELLNESS CENTER DOES NOT PROVIDE THE FOLLOWING SERVICES**

- Treatment or testing of complex medical or psychiatric conditions
- Ongoing primary treatment of chronic medical conditions
- Complex lab tests
- Hospitalization
- X-Rays

**PLEASE COMPLETE OTHER SIDE**



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It is the Wellness Center's philosophy that parents/guardians should be involved in their child's care. Therefore, the Wellness Center strongly encourages communication and involvement among students, parents and medical providers.

School-Based Wellness Centers are funded through state funds and reimbursement from insurance for those students who have insurance.

The Division of Public Health (DPH) retains administrative authority for School-Based Wellness Centers. Designated Wellness Team members are obligated by law to disclose specific patient information to DPH for the purpose of preventing or controlling disease, injury, surveillance, or disability in Delaware and in the US. Information that will be reported includes: sexually transmitted disease, laboratory data, births, deaths, adverse medication reactions, child abuse or neglect, and domestic violence. Other general information may be sent to DPH for statistical tracking, but this information will be de-identified during analysis, which means your student's name will be removed. Information about services may be shared with your health insurance company for purposes of quality improvement.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT  
BAYHEALTH SCHOOL BASED WELLNESS CENTERS**

Effective April 14, 2003, the Wellness Center must comply with the Private Rules as detailed in the Health Insurance Portability and Accountability Act ("HIPAA"). By law, we are required to provide you with a copy of the Wellness Center's Notice of Privacy Practices. The Notice describes how the Wellness Center may use and disclose health information about you that we have collected. It also explains how you can get access to this information.

The Wellness Center is committed to taking steps in compliance with applicable law, to protect your privacy and confidentiality. We want you to know that we may use your health information for purposes of your treatment, to obtain payment for services that we provide to you and for purposes of Wellness Center operations. For more information on how we may use and disclose your health information, please read our Notice of Privacy Practices. **You may contact the Wellness Center staff to obtain the most current copy.**

My son/daughter and I have read this form carefully and I understand that if I have any questions, I am encouraged to call the Wellness Center Coordinator for more information before I sign this authorization.

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***I understand that:***

- My child may receive services at the School-Based Wellness Center.
- This consent will remain in effect as long as my child is enrolled in this school
- If my child has insurance, I will provide this information to the Wellness Center.
- I understand that the Wellness Center will bill my insurance for covered services and it is my responsibility to be aware of the terms and limitations of my insurance coverage.
- This consent can be revoked in writing at any time, except to the extent that action has been taken in reliance on this consent. Any requests for revocation must be in writing and sent to the Wellness Center.

**By my signature below I certify**, as the parent or legal guardian of the student named above, I understand the School-Based Wellness Center consent for treatment.

_____ Signature of Parent/Legal Guardian	_____ Printed Name	_____ Date	_____ Time
_____ Signature of Student	_____ Printed Name	_____ Date	_____ Time