

**SCHOOL-BASED WELLNESS CENTER**Place Patient Label Here
Name & Date of BirthHigh School Wellness Center
Confidentiality Form

Protecting the confidentiality of health services provided to you is extremely important to the Wellness Center Staff. The laws governing confidentiality of medical and counseling information are complex and our duty to maintain confidentiality is not absolute. However, the Wellness Center staff adheres to the following regulation:

All information as the personal facts and circumstances obtained by the staff about recipients of services shall be held confidential, and shall not be disclosed without the individual's consent.
(42C.F.S.51a.6. 1987)

This regulation applies to the transfer of information between the Wellness Center and the school as well as other sources. When you or your provider thinks our sharing of information would be of benefit, written permission for the release of information can be requested.

We would like to note instances where confidentiality does not apply.

- 1) You intend to harm yourself or others and there is a clear and immediate danger.
- 2) Reporting of sexually transmitted and contagious diseases to public health authorities.
- 3) Reporting child abuse of any kind to the Division of Family Services.
- 4) Response to legal subpoenas.

Please feel free to discuss issues regarding confidentiality with any of the Wellness Center providers.

Your signature confirms that you have read and understand the above information about confidentiality related to receiving services in the Wellness Center and received a copy of the Notice of Privacy Practices.

Student Signature: _____ **Date:** _____ **Time:** _____

Staff Signature: _____ **Date:** _____ **Time:** _____