



STUDENT ASSISTANCE PROGRAM CONSENT FORM

In order for you to make informed decisions about participating in the Student Assistance Program (SAP), the program staff are responsible to tell you everything you need to know about the treatment/services you will receive. This includes being informed about how your protected health information will be used or disclosed, about your responsibilities, and about the program responsibilities.

It is the policy of the SAP Program to have you sign this Program Consent Form before or during your first appointment. This will allow Agency staff to use or share the minimum necessary amount of information about you for the purpose of coordinating services, treatment, payment, and healthcare operations. If it becomes necessary to disclose additional verbal or written protected health information then you will be asked to sign a Release of Information Form.

PRIVACY PRACTICES

- ◆ The Agency is committed to protecting the privacy of all students involved in their programs. All personal identifying information is considered confidential information and all required measures will be taken when using or sharing a student's information.
- ◆ The Agency staff are required to provide students 14 years of age or older or parents/guardians of students who are under 14 years of age with a Notice of Privacy Practices. The notice outlines the Agency's legal duties with respect to protecting a student's personal information, privacy rights, and how we may use or share information from the student's MH/MR record.
- ◆ Refer to the copy of the Agency's Notice of Privacy Practices for specific information about how personal information may be used or shared.

STUDENT RIGHTS REGARDING PERSONAL IDENTIFYING INFORMATION

- ◆ The student's record is the physical property of the Agency. However, the information in the record belongs to the student who is 14 years of age or older or to parents/guardians of students who are under 14 years of age, who in turn directs where the information can be shared.
- ◆ This consent can be revoked in writing; however, services may not be able to be provided. This does not apply to information that has already been released.
- ◆ Restrictions on how a student's information is used and shared may be requested. The Agency does not have to agree to the restriction requested but is bound to any restriction to which it does agree.
- ◆ Refer to the attached Notice of Privacy Practice for specific information about how information from the student's Agency record can be obtained, in addition to other rights.

OTHER STUDENT RIGHTS

- ◆ The Agency recognizes the fundamental human, civil, constitutional, and statutory rights of all students and will not refuse services or discriminate based on race, religion, age, sex, ethnic background, or disability.
- ◆ The student and parent/guardian have the right to be treated with dignity and have the right to information from staff in a language that is able to be understood.
- ◆ The student has the right to an individualized plan based on needs and strengths.
- ◆ Participation in this program is voluntary. Services or parts of services may be refused. Services will always be provided in a humane manner and in the least restrictive setting.
- ◆ If the student becomes a danger to self or others, steps will be taken for involuntary treatment. The student or parent/guardian will be told of their rights and the procedures that will be taken.

COORDINATION OF SERVICES

- ◆ Signing this Program Consent Form allows the staff to share results of assessments and recommendations determined from a mental health assessment, with those school personnel who have a need to know and parents/guardians of student 14 years of age or older, unless otherwise restricted. Any other information about the student can only be shared with a signed Release of Information Form.
- ◆ Agency staff will work with various school personnel to schedule appointments for the student to participate in SAP.