



## Mental Health Services Opt-In Form

Under Alabama law, if a student is under the age of fourteen, they will only be allowed to participate in mental health services if a parent/guardian provides written consent. Parents of students aged 14 and under will have the opportunity to “opt-in” each year for potential ongoing mental health services while at school.

### School-Based Mental Health

- Students are identified by teachers, administrators, and school counselors and then referred for evaluation and/or services by a licensed mental health therapist at a local mental health agency.
- The student’s parent or legal guardian’s permission will be obtained before services are provided.
- Parents may rescind permission for the student to participate in mental health services at any time by providing written notice to the student’s school principal or guidance counselor.
- Parents may contact the mental health provider to request to review any materials used in the mental health counseling programs available to the student.
- The opt-in process is not applicable to any school counseling services or “mental health services” contained in a student’s IEP or §504 plan.
- Signing the opt-in form is NOT establishing a service of therapy; the opt-in form grants permission for the student to be referred for evaluation and/or services. In the event that a referral needs to be made, parents will be contacted via phone by the school counselor.
- Parents of participating students will be kept informed regarding diagnosis, recommended counseling, or treatments and will have the authority to make final decisions.
- A student may be provided mental health services even if a written consent form is not submitted, in the event school administrators identify an imminent threat to the student’s health or the health of others.
- All records pertaining to mental health services will be treated as health care records and will be kept separately from academic records.
- Permission is only valid for one calendar year from the date indicated on this form.

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*I give consent for my child to participate in mental health services and programs. I understand that I can revoke consent or limit my child’s participation by submitting a written notice to school administration. I understand that this form grants permission for the student to be referred for evaluation and/or services and DOES NOT establish a service of therapy.*

<b>Name of Student</b>	<b>School of Enrollment</b>	<b>Grade Level</b>
<b>Name of Parent/Guardian (print)</b>	<b>Signature of Parent/Guardian</b>	<b>Date</b>