

Le Bonheur Community Health and Well-Being Behavioral Health Program

Consent for Evaluation and Treatment

Participant Name: _____ DOB: _____

A division of Le Bonheur Community Health and Well-being offers a program to meet the needs of at-risk children with an untreated/undertreated behavioral or mental health problem. Your child has been referred for this program by the provider on Le Bonheur On the Move: Mobile Medical Unit or your child's school. A licensed clinical social worker (LCSW) will meet with your child for counseling sessions at school as well as making home visits for family sessions as necessary. Additional services provided by the LCSW may include the following: assistance with making specialty healthcare appointments, facilitate transportation needs, assist with insurance needs, access/enroll in public assistance programs, educate and support families to empower them to own their needs and overcome barriers, and monitor child and family progress. I understand that the primary goal of these services is not to form a medical diagnosis, but to help my child be at his/her most successful emotionally, socially, and academically.

Consent to Evaluate and Treat

I consent to allow my child to participate in a behavioral health program that is offered through Le Bonheur Community Health in partnership with my child's school. The program focuses on helping children receive the appropriate care needed for behavioral and/or mental health difficulties. I understand that I must give my consent on this form in order for my child to receive a behavioral health assessment, treatment and resource navigation as identified above.

Release of Information and Consent for Follow-Up

I give permission for Le Bonheur Community Health and Well-Being staff to receive relevant information about my child's health from a doctor's office, clinic, school, or agency from which additional information may need to be gathered. I also authorize release of information about my child's health to a doctor's office, clinic, school or community agency to which he/she may be referred for the most appropriate care. I give permission for Le Bonheur Community Health and Well-Being staff to contact me by telephone or mail regarding the treatment of my child, possible care options, tips for improving my child's health, specialty appointments and/or other behavioral health related topics during and after the behavioral health program.

Sharing Information with Parents/Guardians

Le Bonheur Community Health and Well-Being follows state regulations and the American Academy of Pediatric Guidelines regarding adolescent care, adolescent age of consent for medical care, and parent/guardian notification for medical treatment. Adolescent participants will be encouraged to maintain open communication with parents, however Le Bonheur Community Health will only disclose information in accordance with Tennessee state law (refer to codes T.C.A. § 68-34-107, T.C.A. § 63-6-223, T.C.A. § 68-10-104(c), and T.C.A. § 63-6-220). I understand that communications between the client and LCSW are confidential and protected by these laws. I also understand that exceptions include when a client is in danger to themselves or to others, or when there is a reasonable suspicion of child or elder abuse.

Rights and Responsibilities

I understand that I am obligated to the following rights and responsibilities:

- A right to be informed of my child's progress and any additional information within Tennessee state law.
- A right to be treated with personal dignity and respect.
- A right to consideration and respect for my personal values and belief system.
- A right to reasonable access to care, regardless of race, religion, gender, sexual orientation, ethnicity, age, disability, or source(s) of financial support

