

**Informed Consent for Behavior Specialist Services 2023-24 School Year**

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**School District:** \_\_\_\_\_

**School Building:** \_\_\_\_\_

**Introduction**

Lapeer County Intermediate School District has received funding to expand mental health services to students enrolled in Lapeer County Schools. In an effort to achieve this goal, parents/ guardians or school staff may refer students for Behavior Specialist services (individual and/or group), or students may request a Behavior Specialist. The focus of the Behavior Specialist program is to promote more effective education and socialization within the school community. There is no cost for Behavior Specialist services that are provided through the school system during the school year.

**Provision of Services**

It is a generally accepted policy to obtain the parent/ guardian’s permission for Behavior Specialist services when it is for more than crisis intervention. Services may be individual, group, short or long term, depending on the needs of your student. This written permission is kept in a separate file in the specialist’s office. I understand that these services are not intended as a substitute for diagnosis or treatment for any mental health disorder. Referrals to outside agencies will be provided to the parent when appropriate.

**Confidentiality**

In order to build trust with the student, the behavior specialist/mental health provider will keep information confidential, with some possible exceptions. Because these services are provided to minor students in the school setting, I understand that the school Behavior Specialist may share information with parents/guardians, the student's teacher, and/or administrators or school personnel who work with the student on a need to know basis, so that we may better assist the student as a team. The provider is also required by law to share information with parents or others in the event the student is in danger of harm to self or others. The provider will make the student aware of these limits to confidentiality and will inform the student when sharing information with others.

YES     NO

***I have read the above information and hereby give my consent for my student to participate in Behavior Specialist services and agree to abide by the guidelines of confidentiality. I also understand that I can revoke my consent at any time.***

YES     NO

***I give my consent to the School District to disclose information from my student’s education records to the Michigan Department of Health and Human Services.***

- Does NOT affect a family’s Medicaid insurance benefits
- NO cost to the family, now or in the future.
- Helps districts to offset some of the costs of health care provided to students

\_\_\_\_\_  
**Parent/Guardian Signature(s)**  
 (or student if over 18 years )

\_\_\_\_\_  
**Date of Consent**

**For questions, please contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_