

24-25 Parent/Guardian Release of Information for Taylor County Mental Health Services



Dear Parent/Guardian,

Your child has been referred to the Taylor County Mental Health Coordination Program. With your permission you are allowing us to gather information from school staff to coordinate appropriate care. We will help to coordinate services that can be conducted during school hours, if preferred. The goal is to establish individual and/or group sessions to address the needs of your child. These services can only be provided with permission, as information will be shared with professional therapists to provide the best service possible. Please note mental health information is confidential and the therapist we coordinate with are licensed or under strict professional supervision to obtain their license, This means we all uphold a strict professional and ethical standard to provide the best services. The only exception to confidentiality is indications of self-harm or harming others. If you agree to let your child participate in the school mental health program, please complete the attached form.

We coordinate with several different therapists and/or agencies that serve the local area. Please feel free to review the agencies listed or seek services on your own.

Here is a list of agencies that we coordinate with. We will be glad to coordinate the services; however, here is the contact information if you would like to research to contact them on your own.

Apalachee Mental Health Services (850) 584-5613

Disc Village(substance abuse counseling) (850) 838-2525

Panhandle Therapy (850) 674-8888

A New Dawn, A New Beginning (850) 329-5776

Student Information

1. Please enter your information.

Student First Name:	Student Middle Initials:	Student Last Name:		
_____	_____	_____		
Student Preferred (NickName)	Student Gender:	Student Date of Birth:		
_____	<input type="radio"/> Female <input type="radio"/> Male	_____		
Student Race	Legal Guardian First Name:	Legal Guardian Last Name:		
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic	_____	_____		
<input type="checkbox"/> White <input type="checkbox"/> More than one race				
<input type="checkbox"/> Other				
Street Address:	Apt./Unit #:	City:	State:	Zip Code:
_____	_____	_____	_____	_____
Mobile Phone:	Home Phone:	Work Phone:		
_____	_____	_____		
Email:	Preferred contact method:	Student School	Students Grade	
_____	_____	_____	_____	

2. Primary Insurance

Primary Insurance Company	Member ID / Policy #	Insured Name		
_____	_____	_____		
Insured Phone #	Insured Date of Birth	Insured Gender	Insured Street Address	
_____	_____	<input type="radio"/> Female <input type="radio"/> Male	_____	
Insured City	Insured State	Zip Code	Client Relationship to Insured	
_____	_____	_____	_____	

3. Please attach insurance card:

4. Current Concerns for referral purposed. Please check all that apply

- Behavioral Concerns Emotional Concerns
- Academic Concerns Social Concerns
- History of Mental Health Diagnosis

Was your child required/recommended to complete an Anger Management Class?

- Yes No

Please explain how therapy can help student:

5. Preferred Agency: (Please list in order from 1-6 agency preferences and we will try to coordinate based on your choice. 1=First preference 5=Last preference

	First Preference	2	3	4	Last Preference
A New Dawn, A New Beginning					
Apalachee					
Panhandle Therapy					
Florida Therapy					
Disc Village (substance abuse counseling)					
No preference					

Consent of treatment, communication, and coordination of care:

By signing, I understand that the above listed child’s counseling information is confidential. I understand that I am giving permission for the Taylor County School Mental Health Providers and Taylor County Schools to release any protected health information (PHI) to each other and the agencies listed regarding treatment, payment, and coordination of care. Understand that you have the right to rescind this release at any time by contacting the Taylor County School Mental Health Department.

By signing, you are acknowledging that you are the current custodial parent or gurdian

Signature

Date