

Tam Counseling & Wellness Support Request

Please complete and return request to School Counselor or the Wellness Coordinator's Mailbox

PLEASE NOTE - IF YOUR CONCERNS ARE RELATED TO:

Attendance, Behavior or Conduct:
Please refer to student's AP first

A Student is in Special Education:
Please ensure the School Psychologist or
Case Manager is aware of the request.

****IF THIS IS A CRISIS OR YOU ARE CONCERNED ABOUT A STUDENT'S SAFETY**
CONTACT ADMIN, COUNSELORS OR WELLNESS IMMEDIATELY**

Student Last Name: _____ First Name: _____

Gender _____ Grade _____ School Counselor _____ Special Ed? Y _____ N _____ Unknown _____

Date of referral: _____ Name of referring person _____ Relation to student: _____

What is the best way to contact you? Phone: What #, What class period? _____ E-mail: _____

Does student have significant attendance Issues? Yes No Does student have poor grades (below a C)? Yes No

Does student know you have referred? Yes No Does parent/caregiver know you referred student Yes No

*If No, why not and is it okay to tell student who referred him/her? _____

Do you have a specific provider or service you recommend? Yes No If yes, who? _____

Level of concern (circle 1-5 based on level of need/concern you have for student) 1 2 3 4 5*

Most appointments occur within 1-2 weeks. If referral is not a crisis but student needs to be seen sooner, contact Counseling & Wellness directly!

Student's Strengths: _____

Reason for Counseling & Wellness Support Request:

Interventions or Modifications You Have Already Tried With Student

Referring Person Recommendations/comments

Services offered to students through Counseling & Wellness are **CONFIDENTIAL** and voluntary. We can share the following information with you: length of time it might take to see the students, who the student is seeing, if the student is attending, cooperative, and making progress. Tam Counseling & Wellness will provide a referral status to the referring person as soon as possible. Your ongoing feedback is important to us. If you are not seeing positive progress with the referred student – please let us know. **Thanks for your request!**

Contact Student's School Counselor or Wellness Coordinator (X.3520) for more info or with questions

Legal Obligations: HIPAA and FERPA

Both state and federal law govern how private medical information may be used and disclosed by healthcare providers. Wellness Programs are excluded from HIPAA (Health Insurance Portability and Accountability Act) because they are considered to be "school-based programs" that fall under FERPA (Family Education Rights and Privacy Act). Nevertheless, students, or in the case of parent consent, the parent or legal guardian, will be told at the outset how their protected health information will be used and disclosed consistent with community standards. A *Notice of Privacy Practices* that reflects Wellness Program Policies and Procedures regarding confidentiality will be posted at each site and copies will be available upon request.

Any student receiving services at the Wellness Program will be advised that certain limited information may be shared with other school officials in order to coordinate or provide services. For example, in order to coordinate appointments Wellness Program staff may ask the school counseling office for a copy of the student's class schedule. Or, staff may send a note to a teacher asking that the student be excused from class in order to go to the Wellness Program. And, if a student has been referred to the Wellness Program, staff may verify that the referral has been received and that the student has been seen or offered services by Wellness Program staff. Limited general information may also be shared about a student at an SAP or SST meeting. Only the minimum amount of information necessary to accomplish the purpose will be shared with non-medical school officials.

Students will also be told as part of the consent discussion that certain information about the program could be shared outside the Program pursuant to mandatory reporting laws (for example, child abuse reporting), or pursuant to discretionary provisions of the confidentiality laws. For example, staff might discuss the student's symptoms with other health care professionals for treatment, diagnosis or referral purposes.

Students who provided their own consent would also be advised that their authorization would be required before Wellness Program staff would share confidential health care information with their parents. They would also be told that it is possible that a parent might be able to access written health records deemed part of the "education record" under FERPA, but that their Wellness records will be maintained separately from the rest of their education record, locked in file cabinets in the Wellness Program offices.

FOR COUNSELOR OR WELLNESS COORDINATOR USE ONLY:

Date Request Received by Counseling or Wellness Coordinator: ___/___/___ SPED? Y N
Previous or Current Wellness Services? Y N Counseling & Wellness Provider Name: _____
Initial Consultation/Case Management Conducted: _____

Date Assigned to Counseling & Wellness Provider: ___/___/___ Counseling & Wellness Provider Name: _____
Informed Counselor and/or School Psychologist that referral was made ___/___/___

FOR COUNSELING & WELLNESS CENTER STAFF USE ONLY:

Date student assessed ___/___/___ Student being seen under Minor Consent? Y N
Working with outside provider? Y N If Yes, Names/Contact Information _____

How long with outside provider? _____ Signed Authorization of Release? Y N
Contact with outside provider? _____

Recommendation for services (through Counseling & Wellness or off-site): *individual or group counseling, case management, family therapy, college career counseling, peer counseling, psych or medical evaluation, etc.)*

____ One time check in ____ Student Declined Services ____ Assign Provider: _____
____ Drop in as needed ____ Other _____

Informed Referral source, AP, Counselor, WC, School Psych and Case Mgr (as applicable) of outcome: ___/___/___

Date Closed: _____ **Provider:** _____

Informed Referral source, AP, Counselor, WC, School Psych and Case Mgr (as applicable) closed: ___/___/___

If re-opened, please complete new referral form.