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School-Based Health Services

Consent and Release of Information

8/16/2024

MINOR'S INFORMATION

Last name	First name	MI	Date of birth

Consent for School-Based Health Services

I give permission for my minor to come to a school-based health appointment without a _____ parent/legal guardian present.

INITIAL
HERE

Are there any limitations you would like to place on the treatment PHC may provide to your child in the school-based setting?

None Limited to: _____

Release of Information

Partnership Health Center's school-based health services are designed to improve your minor's health through a coordinated effort, and it is sometimes important for information to be shared with school staff regarding your minor's health history. This form explains PHC's responsibility to protect your minor's privacy and allows PHC to collaborate with Missoula County Public Schools (MCPS) staff to support the care and well-being of your minor. This includes releasing records on an *educational right to know* basis. If you would like to limit the information that PHC shares with school staff, please speak with the PHC staff member.

INITIAL
HERE

In order for health staff at Partnership Health Center (PHC) to provide services to my (our) student/minor, I authorize the Missoula County Public School (MCPS) Districts to release school records on a *need to know basis* to providers at PHC. I also authorize PHC to release medical records to the school on an *educational right to know basis*.

INITIAL
HERE

I understand that any information that is needed to support the care and well-being of my student/minor will be released. Information may include the following: prior evaluations, immunization records, class schedules, parental/legal guardian contact info, medical and behavioral health conditions, health screenings, medications, health care plans, or attendance information.

INITIAL
HERE

I give permission for my student/minor's PHC care providers, including their behavioral health providers, to collaborate with MCPS staff in providing care, and in creating action plans to help my child succeed at school. I understand that PHC staff will be *participating as necessary* in student academic, attendance, and behavior meetings. PHC staff will protect student privacy in a manner that adheres to the Family Educational Rights and Privacy Act (FERPA).

Parent/Legal Guardian Name (Please Print Clearly): _____

Parent/Legal Guardian Signature: _____ Date: _____

Parents or legal guardians may revoke this authorization in writing at any time. Unless otherwise revoked, PHC will consider this authorization as valid consent until the minor turns 18.