Grand Ledge Public Schools Health Center
Provided by University of Michigan Health-Sparrow

Minor Consent for Confidential Healthcare Services

Patient Name	
Date of Birth	

The following confidential services may be provided at the Grand Ledge Public Schools Health Center.

- *Physical/Sexual Abuse Counseling and Referrals
- *Substance Abuse Education, Counseling, and Referrals
- *Sexually Transmitted Infection and HIV Testing, Treatment, and Counseling
- *Pregnancy Prevention Counseling, Testing, and Referrals
- **Mental Health and Psycho-Social Assessment, Counseling, and Referrals (limit of 12 visits in 4 months)

* Michigan Law allows minors to receive confidential services in these areas without parental consent.

** Michigan Law allows minors 14 years and older to receive confidential services in these areas without parental consent.

Services not provided:
Distribution or prescription of birth control pills and/or devices, such as condoms
Abortion counseling, referrals, or services

Directions: Check the box after you read and understand each statement.

- ☐ I understand that if I am 17 years old or younger and I understand my action, I can receive the confidential services listed above. I do not need permission from my parents/guardians. My healthcare provider does not need permission from my parents/guardians.
- ☐ I understand that my healthcare provider will not tell my parents/guardians about my treatment unless:
  - ☐ My healthcare provider believes there is a medical reason to do so. My provider will first talk with me before telling my parents/guardians.
  - ☐ My healthcare provider believes I may harm myself. My provider will first tell me that they are going to tell my parents/guardians.
  - ☐ I threaten to hurt someone else. If the healthcare provider believes I will hurt the person, then the healthcare provider must tell the other person and the police. I understand that the healthcare provider will talk to me about the threats and will tell my parents/guardians.
- ☐ I understand healthcare providers are required to report suspected child abuse or neglect to Child Protective Services.
- ☐ I understand I have the right to refuse or delay care unless an intent exists to harm myself or others.
- ☐ I understand that my privacy and health information will be handled in a confidential manner consistent with the Notice of Privacy Practices, which can be found in the health center, and as required by the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).
- ☐ I understand that I can withdraw consent at any time by submitting a request in writing to the Grand Ledge Public Schools Health Center via mail or in person.

SIGNATURE OF MINOR: _____

PRINTED NAME OF MINOR: _____

DATE: _____