



SCHOOL COUNSELING REFERRAL FORM

Pecos Independent Schools
Confidential

(PLEASE PRINT - EXCEPT FOR SIGNATURES)

Please refer discipline situations to the Site Administrator.

If you are concerned for the student’s immediate safety, or you suspect someone might be in danger please contact the Site Administrator, School Counselor, School Nurse or School Social Worker in person ASAP.

STUDENT'S NAME: _____ GRADE: _____

TODAY’S DATE: _____

Staff action taken prior to school counseling referral:

Areas of concern:

Attendance	Behavior	Academic Achievement	Personal/Social
Tardy #____ Absences #____ Leaving Early #____ Other _____	__Bullying __Peer Conflict __Bullied __Disrespectful __Isolate __Disruptive Behavior __Other	__Change in quality of work __Change in hw completion __Decline in grades	__FamilyConcerns __Peer Relationships __Other _____

PLEASE DESCRIBE YOUR REASON(S) FOR THIS REFERRAL:

How long have you had this concern?

Referred By: (print your name) _____

Signature: _____

Are you: Teacher/Other Staff _____ Administrator Parent Student



MENTAL HEALTH REFERRAL

Pecos Independent Schools

Referral Date to Office of Student Wellness: _____

School: _____ School Counselor _____
Person making referral

Student Name: _____

M F Last First MI

Student ID# _____ Date of Birth: ____-____-____

Language: English Spanish

Parent/Guardian Name: _____ Phone: _____
Print name

Parent/Guardian Signature: _____ Date: _____
Signature

Will Parent/Guardian need interpreter? English Spanish or Other? _____

Insurance: Medicaid in process (PE/MOSAA) Indigent Fund Private None

REFERRING TO:

On-Site Agency: _____
OR Name of Agency FAX #

Off-Site Agency: _____
Name of Agency FAX #

Agency Notes:

Initial Assessment: Scheduled Date: _____ Contact: _____ Date: _____
 Completed Date: _____ Contact: _____ Date: _____

Family Refused Services Continued Services Referred to other agency

Comments:

Please email to: Use CONFIDENTIAL on the subject line of the email

INCLUDE:

- (1) Client Rights & Consent for Referral Form
- (2) HIPAA/FERPA Form – BOTH PAGES
- (3) Mental Health Referral Form
- (4) Consent to Release/Exchange Information Form



MENTAL HEALTH REFERRAL

Client Rights and Consent for Referral
Pecos Independent Schools

You and your child _____ have the right to appropriate care and protection. Confidentiality is guarded by state and federal laws and regulations. You and your child also have additional rights which are described on another page. (HIPAA, FERPA and NM Statutory Authority Compliance Form). Please ask your School Counselor if you have any questions.

1. Consent for Referral to Mental Health Agency:

I understand that I am agreeing to a mental health referral so that I can meet with the Mental Health Agency to determine whether these services are appropriate for my child. I have a right to agree to services after the Agency details to me during the Intake. I also have the right to refuse or discontinue services for my child or family at any time.

I understand that information about my child will only be shared with my permission. I understand which Mental Health Agency will be utilized, and that staff from the Agency will be contacting me for an Intake appointment.

I understand that the Agency will bill my health insurance provider or Medicaid, if this coverage exists. I accept financial responsibility for any services that I agree to receive.

I give my permission for Pecos Independent Schools to make this referral.

Parent/Guardian Initials: _____

2. Confidentiality and Release of Information:

I understand that information concerning my child will be held confidential to protect rights to privacy.

I further understand that such information will not be disclosed without my written permission, except under special circumstances such as:

- a. If my child threatens to injure himself/herself or someone else; or
- b. When such information is required by law to be reported, such as information regarding abuse, neglect, molestation, or exploitation of a minor, incapacitated adult, elder person 65 or older, or in the case of a court order; or
- c. For emergency situations

Parent/Guardian Initials: _____

_____	_____	_____
Date	Signature of Parent or Legal Guardian	Printed Name

_____	_____	_____
Date	Signature of Witness	Printed Name



MENTAL HEALTH REFERRAL

Consent to Release or Exchange Information
Pecos Independent Schools

I hereby authorize _____ at _____
PISD School Counselor Name of School

to exchange information with

Name of Mental Health Agency Fax Number

Concerning: _____

Student's Name _____
Address _____
Date of Birth _____

The information to be shared includes (please check all that apply):

- Social/Psychological/Psychiatric Evaluation
- Treatment Plans
- History & Physical Exam
- Verbal Conversation for Care Coordination
- Other _____

I understand I may revoke this Consent at any time. I also understand that any information exchanged between Pecos Independent School District and the named Mental Health Agency cannot be passed on to any other Agency without my consent. This consent will automatically expire one year from the day I sign this paper.

I release Pecos Independent School District from all legal responsibilities or liability that may arise from disclosure of student information based on this Consent.

Signature of Parent/Guardian Date Printed Name of Parent/Guardian

Signature of Witness Date Printed Name of Witness

REVOCAION: I have the right to stop this release of information at any time. I understand that I cannot do anything about the information already disclosed under this Consent, I do not want any more information disclosed and I am revoking authorization as of the below named date.

Signature of Parent/Guardian Date



MENTAL HEALTH REFERRAL
HIPAA, FERPA and NM Statutory Authority
Compliance Form
Pecos Independent Schools

HIPAA (Health Insurance Portability and Accountability Act)

SUMMARY: This rule adopts standards for eight electronic transactions and for code sets to be used in those transactions. It also contains requirements concerning the use of these standards by health plans, health care clearinghouses, and certain health care providers.

The use of these standard transactions and code sets will improve the Medicare and Medicaid programs and other Federal health programs and private health programs, and the effectiveness and efficiency of the health care industry in general, by simplifying the administration of the system and enabling the efficient electronic transmission of certain health information. It implements some of the requirements of the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996.

- Assures patient access to health records
- Health records not available to unauthorized persons
- Must have a written HIPAA Privacy Policy
- Health information may be given without patient authorization by a covered entity to another covered entity when the information is needed to provide treatment or bill for treatment
- A covered entity is a health care provider that conducts transactions in electronic form, a health clearinghouse, or a health plan
- A HIPAA transaction is the transmission of information between two parties to carry out financial or administrative activities related to health care, including submitting claims
- Medical Records: Confidential services need to be identified as such
- Referrals: Providers (covered entities) may share personal health information for purposes of treatment, payment and health care without student or parental permissions
- Comply with agency policies and procedures

FERPA (Family Educational Rights and Privacy Act)

SUMMARY: The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents of eligible students to review the records. Schools may charge a fee for copies.

- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.

Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- Schools officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

- **FERPA:** Schools may release student education records without prior consent in an emergency when the information is necessary to protect the health or safety of the student or other persons, and during investigations of acts of terrorism.
- **FERPA**, like HIPAA, requires that computer access be limited to qualified personnel and file cabinets are kept locked.
- **FERPA** requires schools to establish policy to prevent the casual exchange of students' private health information, such as food allergies, hearing disability, asthma, seizures, medications, etc.

NM Statutory Authority (NMSA)
Confidential Services for Minors in New Mexico

Last updated: June, 2007

§ 24-1-9 NMSA 1978...Sexually transmitted disease

- Any person regardless of age has the capacity to consent to an examination and treatment by a licensed physician for any sexually transmitted disease.

§ 24-1-13.1 NMSA 1978...Pregnancy

- A health care provider shall have the authority, within the limits of his license, to provide prenatal, delivery and postnatal care to a female minor. A female minor shall have the capacity to consent to prenatal, delivery and postnatal care by a licensed health care provider.

§ 24-8-5 NMSA 1978...Contraception

- Neither the state...nor any health facility furnishing family planning services shall subject any person to any standard or requirement as a prerequisite for receipt of any requested family planning service...(exceptions do not address age of client).

§ 24-10-2 NMSA 1978...Emergency Conditions

- ...in cases of emergency in which a minor is in need of immediate hospitalization, medical attention or surgery and the parents of the minor cannot be located for the purpose of consenting...after reasonable efforts have been made..., consent can be given by any person standing in locus parentis to the minor.

§ 32A-6-14 NMSA 1978...Mental Health (including substance abuse)

- Any child shall have the right, with or without parental consent, to consent to and receive individual psychotherapy, group psychotherapy, guidance, counseling or other forms of verbal therapy that does not include aversive stimuli or substantial deprivations...{does not include electroconvulsive therapy or psychotropic medications}. Initial psychotherapy assessment and early intervention services will not extend beyond a two week period for children under 14 years of age without parental consent.

I acknowledge receipt of this document which explains the laws and limitations with regard to my rights as in the process of a mental health referral from the Pecos Independent Schools District to an authorized Agency.

Date	Signature of Parent or Legal Guardian	Printed Name

Date	Signature of Witness	Printed Name



Home & School Level Safety Plan



Guardian Home-Based Plan

1. Guardian will provide the following supervision and/or intervention(s):

Click here to enter text.

2. Guardian agrees to:

Click here to enter text.

- Guardian signed permission to release/share information
- Guardian signed guardian emergency notice

Staff School-Based Plan

1. The school staff will provide the following supervision and/or check-in staff:

Click here to enter text.

2. The school staff will provide the following intervention(s):

Click here to enter text.

3. The Wellness team will refer the family to outside resources (*listed on Safety Plan*) Click here to enter text.

4. Follow-up meeting is planned for (date): [Click here to enter text.](#)

** Always provide guardian copy**

Safety Plan



Name _____

Date _____

Today I have said some things about death and/or hurting myself that have made others concerned for my safety. Others have told me how valuable my life is, but they want to make sure that I know how valuable my life is. I will complete this contract with a caring adult in order for us both to feel comfortable that I value my life and that I know what to do if I start feeling like I could harm myself again.

What I look like when I'm starting to have a hard time and what tends to set me up to feel unsafe:

Things I can do or tell myself to make myself feel better:

People who care about me that I can call when I feel overwhelmed:

NAME

RELATIONSHIP

NUMBER

Hotline numbers I can call:

AGENCY**Pecos Valley Medical Clinic****National Suicide Prevention****National Suicide Prevention Lifeline****Local Emergency**

NUMBER	HOURS OF OPERATION
505-757-6482	Mon-Thurs.: 8:00 a.m.-6:00 p.m., F: 8:00am-5:00pm
1-800-273-TALK	24 hours/7 days per week
(1-800-273-8255)/ 1-800-SUICIDE	24 hours/7 days per week www.suicidepreventionlifeline.org
911	24 hours/7 days per week

Online resources:**AGENCY****National Suicide Hotlines****National Suicide Prevention****Yellow Ribbon****Department of Health & Human Services****Center for Disease Control & Prevention****US Department of Health & Human Services****Substance Abuse & Mental Health Services****WEBSITE ADDRESS**<http://suicidehotlines.com/><http://www.sprc.org/><http://www.yellowribbon.org/><http://www.cdc.gov/ncipc/dvp/Suicide/><http://family.samhsa.gov/get/suicidewarn.aspx>

