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**THE BERT NASH COMMUNITY MENTAL HEALTH CENTER, INC.**

200 Maine, Suite A, Lawrence, KS 66044

**SCHOOL NOTIFICATION OF CLINICAL SERVICES**

Including that Related to Drug or Alcohol Abuse and Psychiatric Records

- I decline to release information or to coordinate treatment with my child's school. (Please sign below)
- I wish to coordinate services with my child's school. (Please complete form and sign below) (Sign reverse side if consenting to communicate via email)

\_\_\_\_\_  
Name of School/Contact

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

(\_\_\_\_\_)\_\_\_\_\_  
Phone Number

**To Whom It May Concern:**

I am sending this form to advise you that \_\_\_\_\_ is receiving services at the Bert Nash Community Mental Health Center and would like to enable us to communicate with you regarding his/her care.

Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_

Intake Clinician: \_\_\_\_\_

Contact Number: \_\_\_\_\_

BNC to Obtain  BNC to Release

- Presence in treatment. (including admission and discharge dates)
- Intake evaluation
- Treatment Plan
- Diagnosis, brief description of progress and prognosis
- Psychological tests or projective assessments
- Progress Notes, including therapy notes
- Legal Information (police reports)
- Evaluations
- Substance abuse information
- Scheduling
- Billing/Financial
- Other: \_\_\_\_\_

BNC to Obtain  BNC to Release

- Medical history and physical examination.
- Medication Record
- Physician's orders
- Lab, X-ray, EKG
- Medical discharge summary
- Crisis Screening report
- Custody Evaluation
- Educational records including achievements and assessments. (IEP information discipline records, school attendance.)
- HIV/AIDS status

**READ CAREFULLY: I understand that my medical/behavioral health records are confidential and that the Bert Nash Center cannot condition treatment based on the willingness or refusal to sign authorizations.**

**I further understand that by signing this authorization, I am allowing:**

- release of information to the agency or person specified above including drug and/or alcohol information (Drug and/or alcohol records are specifically protected by federal regulations) (42CFR Part 2)
- Federal Regulations prohibit the recipient of the information from making further disclosure without the specific, written consent of the responsible person, or as otherwise permitted by law or regulation. A general authorization for the release of medical or other information is not sufficient for this purpose.
- This consent may be revoked at any time except to the extent that action has already been taken. This authorization will expire on \_\_\_\_\_. If left blank, this authorization automatically expires 90 days after discharge.
- This authorization to release information is subject to the following restrictions: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent, Guardian or Legal Representative

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness  
BERT NASH CMHC

\_\_\_\_\_  
Date

**School Notification of Clinical Services**  
Clinical - Approval Date:3/2008

**BERT NASH COMMUNITY MENTAL HEALTH CENTER, INC.**  
**E-Mail Informed Consent Form**

**Purpose:** I agree to allow members of the Bert Nash treatment team correspond via email to myself, other providers, or other contacts as indicated on the release form in regards to my treatment or coordination of services.

**Among general e-mail risks are the following:**

- E-mail can be immediately broadcast and received by many unintended recipients.
- Recipients can forward e-mail messages to other recipients without the original sender's permission or knowledge.
- Users can easily misaddress an e-mail.
- E-mail is easier to falsify than handwritten or signed documents.
- Backup copies of e-mail may exist even after the sender or the recipient has deleted his or her copy.
- Clients who send or receive e-mail from their place of employment risk having their employer read their e-mail.

**BNC Procedures:**

- E-mail communication between a client and BNC staff containing information pertaining to the client's diagnosis and/or treatment may be included in the client's medical records.
- Clients should not use e-mail in an emergency because BNC cannot guarantee that any particular e-mail message will be read and responded to within any particular period of time.
- BNC will treat e-mail messages with the same degree of confidentiality as afforded other portions of the medical record.
- BNC will use reasonable means to protect the security and confidentiality of e-mail information. **Because of the risks outlined above, BNC cannot, however, guarantee the security and confidentiality of e-mail communication.**
- BNC may forward e-mail messages within the Center as necessary for diagnosis, treatment, and reimbursement. BNC will not, however, forward the e-mail outside the Center without the consent of the client and following established consent and confidentiality procedures.
- The Center cannot guarantee a response to a client-initiated e-mail.
- Because some medical information is so sensitive that unauthorized disclosure can be very damaging, clients should not use e-mail for communications concerning their diagnosis or treatment of AIDS/HIV infection or other transmittable or communicable diseases.
- If the client consents to the use of e-mail, he/she is responsible for informing the Center of the specific information the client does not want to be sent by e-mail.
- BNC cannot guarantee that electronic communications will be private. BNC will take reasonable steps to protect the confidentiality of client e-mail but is not liable for improper disclosure of confidential information caused by the gross negligence or wanton misconduct of some other person not affiliated with the Center.
- Client is responsible for protecting his/her password or other means of access to e-mail sent or received from BNC to protect confidentiality. BNC is not liable for breaches of confidentiality caused by the client.

You may withdraw consent to the use of e-mail at any time by written communication to BNC by writing to the attention of the Health Information Manager.

I have read the above and agree with the terms of the consent.	
<hr/>	
Client Name (print)	<hr/>
Client Signature	Date
<hr/>	<hr/>
Guardian/Parent Signature	Date
<hr/>	<hr/>
Relationship to client	