

Informed Consent Regarding Collaboration Among Bert Nash Center's Child and Family Services

I understand that as part of the Child and Family Services through Bert Nash, my child and I can have access to a WRAP worker at her/his school if there is one assigned there. WRAP (Working to Recognize Alternative Possibilities) is a therapeutic service that puts Bert Nash employees within most Lawrence and Baldwin schools.

I understand that the WRAP worker is a master's level, licensed clinician employed by the Bert Nash Center.

I understand that as Bert Nash employees, my child's therapist, case manager, medication staff and the WRAP worker may share clinical and school-based information to coordinate services for my child and help him/her improve functioning and meet therapeutic goals.

I understand that, as Bert Nash employees, neither my child's therapist, case manager, medication staff, nor the WRAP worker will share with any school employee any clinical information, or even the fact that my child is seeing a therapist in the Center, without my express written consent by signing a Release of Information to the school.

I understand that many children access the WRAP worker at school as a normal part of the school routine whether or not they receive additional services through the Bert Nash Center. Therefore, I understand school personnel will not be aware of any *additional* Bert Nash connection unless I or my child decide to share that fact with school personnel, or unless I give written permission.

I understand that if my child is already receiving school-based services, such as through special education, WRAP services may play only a minor or consultative role, depending on the structure of my child's school.

I understand a Release of Information between the school and the Bert Nash Center will be necessary if I want to: share Bert Nash Center clinical records or information with school or special education staff to coordinate non-WRAP services; or if I want my child's school records released to the Bert Nash Center; or if I want non-WRAP Bert Nash services provided in the school.

I understand there is no charge for services through the WRAP program, which is grant-funded, and that these services may not fully address the therapeutic needs of my child. WRAP services are different from and are not meant to replace the services I receive at the Bert Nash Center.

Client's School: _____

Client Signature _____ Date _____

Parent or Guardian Signature _____ Relationship to Client _____ Date _____

Witness Signature _____ Date _____

Reg. ID# _____ Client Name: _____