## **Informed Consent for Counseling Services**

The Rainelle Medical Center knows that it can be challenging for students and families to get quality, professional counseling services because students have to miss school, parents have to miss work, and there may be a long distance to travel. We are pleased that we can offer a solution to these problems by bringing these services directly to the student and family at school. Counseling is provided by Master's level WV Licensed providers. We are experienced at helping with problems such as truancy, emotional and behavioral disturbances, family conflict, and substance abuse. These services are made possible by: The Rainelle Medical Center, the Sisters of St. Joseph and the WV Bureau for Behavioral Health.

The School-Based Mental Health Program offers counseling services to the students and families of Greenbrier West High School, Western Greenbrier Middle School, Meadow Bridge High School and Meadow Bridge Elementary School. Before your student receives any counseling services, you will be contacted (unless legal exceptions apply). We do bill Medicaid, CHIP, and private insurance, BUT you DO NOT PAY ANY "OUT OF POCKET" COST, including co-pays, deductibles, and any services not covered by your insurance. There is no "out of pocket" charge to you for this service, even if you do not have any insurance coverage. Should you get a bill, please contact the Rainelle Medical Center billing department and they will correct the billing.

The counseling that students and families receive is **completely confidential**. We comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) policies on confidentiality regarding record keeping and billing. No information or records are shared with any other party including teachers, principals, students, or other parents. The School-Based Mental Health services are **NOT** provided by Board of Education personnel and are **NOT** part of your child's school records.

<u>PLEASE</u> SIGN AND RETURN THIS FORM, <u>EVEN IF YOU DO NOT</u> WANT YOUR STUDENT TO HAVE COUNSELING. <u>WE MUST HAVE THIS SEPARATE CONSENT FORM ON FILE IN ORDER TO PROVIDE COUNSELING SERVICES (unless legal exceptions apply).</u>

Student's Name	
CHECK ONE:	
I DO give my consent for my student to have counseling. Please	e fill out the medical section.
I DO NOT give my consent for my student to have counseling.	
Parent/Guardian Signature	Date
If you would like to contact us or refer a student for counseling service	
Rainelle Medical Center, 645 Kanawha Avenue, Rainelle, WV 2596 Wellness Center.	62 OR by contacting your schoo
Meadow Bridge Wildcat Wellness Center	484-4571
Western Greenbrier Middle School Timberwolf Wellness Center	392-6446 ext. 2306
Greenbrier West High School Cavalier Wellness Center	438-7893