

# Wellness Consultation Request

Wellness Nurse and Counselors, GAP & Community Based Organization (CBO) Providers

**PLEASE NOTE:** If your concerns are related ONLY to:

❖ **Academic Performance/Attendance/Tardiness and/or SST request:**  
Please refer to the student's School Counselor first.

❖ **Behavior/Conduct:**  
Please refer to the Dean's Office first.

❖ **If Student is in Special Education:** First contact the student's Special Ed Case Manager and/or SpEd Department Head

**Please complete fully and return to  
Wellness Coordinator's Mailbox in the Main Office or to Room 151**

**\*\* IF THIS IS A CRISIS, DO NOT FILL OUT THIS FORM.  
CONTACT THE WELLNESS ON-CALL CRISIS PERSON IMMEDIATELY\*\***

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ Ethnicity \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade Counselor \_\_\_\_\_

Date of referral: \_\_\_\_\_ Name of referring person \_\_\_\_\_ Relation to student: \_\_\_\_\_

What is the best way to contact you?  Phone: What #, What class period? \_\_\_\_\_  E-mail: \_\_\_\_\_

Does student know you have referred him/her to Wellness?  Yes  No \*If possible, please inform the student of referral to ensure positive outcome!

\*If No, why not and is it okay to tell student who referred him/her? \_\_\_\_\_

Is student truant?  Yes  No \*If Yes, have you contacted Grade Counselor? \_\_\_\_\_

[Most Wellness appointments occur within 2 weeks. If referral is not a crisis but student needs to be seen sooner, please contact Wellness Coordinator.]

**Student's strengths** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Reason for Wellness referral** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Would you like additional information about this issue to help support you in the classroom (if applicable) \_\_\_ Yes \_\_\_ No

**Interventions or modifications you have attempted for student being referred**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Referring person recommendations/comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Services offered to students at the Wellness Program are **CONFIDENTIAL** and voluntary. We can share the following information with you: length of time it might take to see the students, who the student is seeing, if the student is attending, cooperative, and making progress. The Wellness Program will provide a referral status to the referring person as soon as possible. Your ongoing feedback is important to us. If you are not seeing positive progress with the referred student – please let us know. **Thanks for your referral!**

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## Legal Obligations: HIPAA and FERPA

Both state and federal law govern how private medical information may be used and disclosed by healthcare providers. Wellness Programs are excluded from HIPAA (Health Insurance Portability and Accountability Act) because they are considered to be "school-based programs" that fall under FERPA (Family Education Rights and Privacy Act). Nevertheless, students, or in the case of parent consent, the parent or legal guardian, will be told at the outset how their protected health information will be used and disclosed consistent with community standards. A *Notice of Privacy Practices* that reflects Wellness Program Policies and Procedures regarding confidentiality will be posted at each site and copies will be available upon request.

Any student receiving services at the Wellness Program will be advised that certain limited information may be shared with other school officials in order to coordinate or provide services. For example, in order to coordinate appointments Wellness Program staff may ask the school counseling office for a copy of the student's class schedule. Or, staff may send a note to a teacher asking that the student be excused from class in order to go to the Wellness Program. And, if a student has been referred to the Wellness Program, staff may verify that the referral has been received and that the student has been seen or offered services by Wellness Program staff. Limited general information may also be shared about a student at an SAP or SST meeting. Only the minimum amount of information necessary to accomplish the purpose will be shared with non-medical school officials.

Students will also be told as part of the consent discussion that certain information about them could be shared outside the Program pursuant to mandatory reporting laws (for example, child abuse reporting), or pursuant to discretionary provisions of the confidentiality laws. For example, staff might discuss the student's symptoms with other health care professionals for treatment, diagnosis or referral purposes.

Students who provided their own consent would also be advised that their authorization would be required before Wellness Program staff would share confidential health care information with their parents. They would also be told that it is possible that a parent might be able to access written health records deemed part of the "education record" under FERPA, but that their Wellness records will be maintained separately from the rest of their education record, locked in file cabinets in the Wellness Program offices.

### **FOR WELLNESS PROGRAM COORDINATOR USE ONLY:**

Date Request Received by Wellness Coordinator: \_\_\_/\_\_\_/\_\_\_ SPED? Y N

Previous Wellness Services?: Y N Type of Service: \_\_\_\_\_

Consultation/Case Management Conducted: \_\_\_\_\_

Date Assigned to Wellness Provider: \_\_\_/\_\_\_/\_\_\_ Wellness Provider Name: \_\_\_\_\_

### **FOR WELLNESS PROGRAM STAFF USE ONLY:**

Referral Feedback Form Completed \_\_\_/\_\_\_/\_\_\_

Status of Services Provided:

*Date student assessed, what service to be provided, how often, referrals made, etc)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_