LOWELL COMMUNITY HEALTH CENTER
SCHOOL-BASED HEALTH CENTERS
AT LOWELL PUBLIC SCHOOLS

CONSENT TO TREATMENT &
RELEASE OF INFORMATION

STUDENT	Student Name: _____ Date of Birth: _____ Address: _____ Student Phone: _____ Language Preference: _____ Primary Care Doctor / Clinic: _____ Health Insurance: _____ Subscriber Name: _____ Subscriber Number: _____ Current School: _____ Grade: _____
LEGAL GUARDIAN	Legal Guardian Name: _____ Guardian Phone: _____ Language Preference: _____ Emergency Contact: _____ Relation: _____ Phone:_____

By signing below as the authorized representative[1] (legal guardian or approved minor or adult student), I consent for the student to receive services at Lowell Community Health Center's (CHC) School-Based Health Centers (SBHC). I give permission for a designated health provider to deliver services which may include: Physical Health, Behavioral Health, Vision and Nutrition exams, assessments and screenings, immunizations, and general management of their health care.

The health record of students seen at the SBHC is a confidential record, and is not part of a school record. I understand that confidentiality will be observed due to the nature of this type of record. I also authorize Lowell CHC to release information regarding treatment to third party payers for billing purposes and for any reason required by statues and regulations described in Lowell CHC's Notice of Privacy Practices.

For the purpose of continuity of quality care and when relevant to treatment, I hereby authorize the exchange of information[2] between Lowell Community Health Center and the entities listed below:

Lowell Community Health Center	**Lowell Public Schools**	**Primary Care Doctor**	**Other: _____**
Health History	Attendance & Behavior	Health History	_____
Treatment Progress	Immunizations	Treatment Progress	_____
Substance Use[3]	504 Plan or IEP	Substance Use[3]	_____

[2]Psychotherapy notes, genetic testing, and HIV testing must be requested specifically and separately.
[3]Further disclosure is prohibited without written consent by the student or otherwise permitted by 42 CFR Part 2.

I have read and understand that authorizing the exchange of health information is voluntary and not conditional to receiving treatment. I understand this consent is subject to revocation made in writing at any time, except to the extent that disclosure made in good faith has already occurred. Information released may be subject to re-disclosure by the recipient. This consent and authorization will expire following withdrawal or graduation from Lowell Public Schools.

Name: _____ **Relationship to Student:** _____

Signature: _____ **Date**: _____

1. Authorized representatives and special considerations regarding consent for minor patients: https://www.mass.gov/info-details/guide-on-the-disclosure-of-confidential-information-health-care-information#authorized-representatives-and-special-considerations-regarding-consent-for-minor-patients-

Global Consent for Behavioral Health Services

Patient Name: _____

Patient Date of Birth: _____

By initialing and signing this form, I am acknowledging receipt, review and understanding of the following consents and policies.

Scan QR Code to view a downloadable copy of these policies.

If you'd rather a physical copy, please request a paper packet.

_____ School-Based BHS Program Philosophy
_____ School-Based Attendance Protocol
_____ Agreement of Confidentiality
_____ Informed Consent Regarding Limitations on Confidential Communications
_____ Client Bill of Rights
_____ BSAS Know your Rights
_____ Immediate Discharges
_____ Complaint/Grievance Procedure
_____ Overdose Prevention Education
_____ Narcan Administration

_____ _____
Signature of Patient/Parent/Guardian Date

_____ _____
Signature of Lowell CHC Employee/Interpreter Date

Updated 6/2026

Program Philosophy

Lowell Community Health Center's School-Based Health Centers' Behavioral Health Services (LCHC/SBHC/BHS) is designed to provide comprehensive treatment services in a culturally and linguistically competent manner to those affected by mental health and/or the disease of addiction. The BHS philosophy adheres to a stage of change model; treatment is based upon the client's motivational stage. Based on this premise, the team of BHS works co-jointly with each client to identify and treat those identified therapeutic needs. The over-arching goal of the treatment at BHS is foster healthy and adaptive self-choice.

Client Commitment:

1. Attend all scheduled appointments, group and/or individual, on time;
2. Give advanced notice, if an appointment has to be missed;
3. Participate in their treatment planning;

Minor Consent to Treatment:
Mature Minor: If it is determined that it is in the best interest of the student not to notify their guardian and the student is believed to be mature enough and able to give informed consent to treatment, we may accept the minor's consent alone.

Further Information: Baird v. Atty. Gen., 371 Mass. 741 (1977); 104 CMR 25.03
https://www.mass.gov/doc/104-cmr-25-authority-vision-mission-definitions-and-computation-of-time-0/download

Substance Use Treatment: A minor 12 or older may consent to treatment for substance use disorder (other than methadone maintenance therapy).

Further Information: G.L. c.112, §12E; 110 CMR 11.08(1)
https://www.mass.gov/info-details/guide-on-the-disclosure-of-confidential-information-health-care-information#authorized-representatives-and-special-considerations-regarding-consent-for-minor-patients-

Payment for Care:
The Health Center accepts many forms of insurance including MassHealth and private insurance. For those with private insurance, you may receive a bill for co-pays or co-insurance. If you are concerned about being able to afford services, our sliding fee scall may help reduce payments, based on your income. For help applying for the sliding fee scale or insurance, please contact Health Benefits at 978-937-9700 or healthbenefits@lchealth.org. No one is ever turned away due to inability to pay.

Rules for Behavior:
Intoxicated clients will be assessed within the SBHC by the Behavioral Health Clinician and must be evaluated by the SBHC Nurse Practitioner or the Lowell Public Schools Nurse. Appropriate interventions will be initiated, which may include informing the school administration and the legal guardian, and referral to clinically necessary higher level of care. Failure to follow through with treatment recommendations may result in discharge from treatment pending engagement in required care. Arrangements for alternative transportation will be made for any client who is impaired and is driving.

Reasons for Discharge from Treatment:

1. Successful completion of treatment. A mutual decision between the client and therapist is reached services are no longer needed.
2. Voluntary termination from the program. Either a transfer or discontinuance of treatment. The client reaches this decision.
3. Discharge from the program due to treatment non-compliance. Clients are expected to attend all of their scheduled appointments unless proper cancellation notice has been given. Discontinuation of services will result for clients who do not adhere to the Attendance Protocol (see attached).
4. Inappropriate Behavior: the following behaviors will result in immediate discharge from BHS outpatient services and will be documented as such within the discharge summary.
    a. Violence or Potential of engaging in violence towards BHS members and/or other clients.
    b. Possession or use of a dangerous weapon by a client including any and all objects used as weapons.
    c. Any criminal behavior on premises that becomes evident to BHS staff.
    d. Specific verbal or nonverbal threats of committing homicide and/or physical injury toward a staff member or a client (the staff member or client must be specifically identified or named by the threatening client).
    e. General verbal or nonverbal threats of committing homicide and/or physical injury toward any staff member or client in general (not specifically named) if determined by staff members involved that the client has a serious intent of committing such violence and/or the client will not contract for safety.
    f. Destruction of agency property and/or personal property belonging to staff or clients.
    g. Any and all sexually inappropriate behaviors.

Emergency Instructions:

If you have an emergency that requires immediate attention please call 911 or go to the nearest emergency room.

If you have an urgent mental health need that is not an emergency, you may call:

- 988 Lifeline at 9-8-8 for people in distress, prevention and crisis resources.
- Vinfen's Lowell Crisis Team at 978-674-6744 for local, in-person support.
- LCHC's On-Call Behavioral Health Clinician at 978-937-9700 for after-hours support.

Updated 8/2024

Attendance Protocol

Lowell Community Health Center's School-Based Health Centers' Behavioral Health Services (LCHC/SBHC/BHS) is committed in supporting you reaching your treatment goal(s) in therapy and medication management if indicated. Due to the overwhelming demand for services, missed appointments reduce our ability to serve others students in need. Therefore, we have implemented the follow guidelines below:

For patients who attend therapy at the SBHC:
In the case that you need to reschedule, please contact your therapist directly by phone/text or in-person at the School-Based Health Center. Appointments are considered a no-show when patients do not provide notice to their therapist or the SBHC ahead of their scheduled appointment start time.

In the case of repeat cancellations or no-shows, we will discuss strategies for increasing consistency. There are situations that due to school nonattendance, a community-based referral may be more appropriate than school-based services.

After three consecutive no-shows or if we have not met with you for 90 days, your case will automatically be closed. You are welcome to reconnect with services after this point, however, you will need to go through the waitlist before reconnecting.

For patients who receive medication management from the LCHC main clinic:
If you have not been seen in the last 4 months and have not responded to outreach calls and messages, then your case will be closed, and no med refills will be provided. Once closed; to begin services again it may take a few weeks or months depending on availability of services.

We will make an effort to contact you via phone call/text message or letter when you have missed an appointment. You may call back to reschedule at 978-221-6730.

If we don't hear from you *within 2 weeks* your case will be closed.

Updated 8/2024

Lowell Community Health Center, Inc.
Behavioral Health Services

Agreement of Confidentiality

The confidentiality of alcohol and drug abuse client records maintained by this agency is protected by Federal Law and Regulations (see 42 CFR Part 2; 42 USC 290ee-3). All information discussed between the patient and the Treatment Team is confidential. This agency will not disclose information identifying any individual as a patient or identifying any patient as a SUD Diagnosed person. In some specific instances, the following types of disclosures may be made per Federal guidelines:

1. The patient consents in writing;
2. The disclosure is required by a court order;
3. The disclosure is made in the case of a medical emergency to a qualified medical personnel, or;
4. Unidentifiable disclosure may be made to qualified personnel for research, audit, or program evaluation.

Federal Law and regulations do not protect any information either about a crime committed by a client against the agency, against any person who works for the agency, or about any threat to commit such a crime.

Federal Law and Regulations do not protect any information about a suspected child abuse/neglect form being reported under State Law to appropriate State or local authorities. Under Massachusetts's law, addiction during pregnancy is not sufficient for reporting child abuse/neglect.

Violation of the Federal Law and Regulations by any agency is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

If you suspect your rights to confidentiality have been violated, proper procedure is as follows: see the Executive Director of this agency. If you are not satisfied, the appropriate authority is the Department of Public Health, Division of Substance Abuse Services, 150 Tremont Street, Sixth Floor, Boston, Ma 02111; (617) 727-1960.

I have read, signed and verbalized an understanding of the above agreement included in the BHS Global Orientation Package.

Lowell Community Health Center, Inc
Behavioral Health Services

Informed Consent regarding limitations on Confidential Communications

I understand that information about my treatment and communications with my therapist/treatment team may not be released without my written authorization. However, these communications or this information may have to be revealed without my permission as explained below:

1. If necessary to protect my safety or the safety of others.
    1. If I am clearly dangerous to myself, my therapist/treatment team may take steps to seek involuntary hospitalization. My therapist/treatment team may also contact members of my family or others if necessary to protect my safety.
    2. If I threaten to kill or seriously hurt someone and the therapist/treatment team believe I may carry out my threat, or if I have a known history of physical violence and the therapist/treatment team believe I will attempt to kill or seriously hurt someone, my therapist/treatment team may:
        - Tell any reasonably identified victim;
        - Notify the police; or
        - Arrange for me to be hospitalized.

2. If a judge thinks the therapist/treatment team has important evidence about my ability to provide suitable care or custody in a child custody or adoption case.
3. In court proceedings involving the care and protection of children or to dispense with the need for parental consent for adoption.
4. If the therapist/treatment team believes a child, a handicapped person, or an elderly person in my care is suffering injury as a result of the abuse or neglect.
5. To provide information regarding my diagnosis, prognosis and course of treatment, including the treatment plan, to an insurance company or government agency paying for my care.
6. To create a treatment plan as required with the therapist/treatment team that reflects the goals that I have identified with the therapist.
7. In a legal proceeding where I introduce my mental or emotional condition, or, in the event of my death, in a proceeding where my mental or emotional condition is introduced.
8. If I bring an action against the therapist/treatment team and disclosure is necessary or relevant to a defense.
9. If necessary to use a collection agency or other process to collect amounts I owe for services.
10. If a court issues a “bishop” order giving access to my records to defense counsel in a sexual assault or other criminal case.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations do not protect any information about suspected child abuse or neglect being reported under state law to appropriate state authorities. (See U. S. C. 290dd and 42. 290ee-3 for federal laws and 42 CFR, part 2, for federal regulations.)

I have had the opportunity to discuss this informed consent statement with my therapist/treatment team.

I understand its meaning and consent to receiving services based on this understanding.

Lowell Community Health Center, Inc.
Behavioral Health Services

Client Bill of Rights

It is the philosophy of Lowell Community Health Center, Inc. to provide the best possible care while recognizing the rights of the individual. **You have:**

1. The right to considerate and respectful care.
2. The right to individual dignity and personal privacy.
3. The right to obtain from your therapist, all current information concerning diagnosis, treatment and prognosis, in a language you can understand. When not clinically indicated, the information should be made available to an appropriate person on your behalf.
4. The right to know the names of clinicians involved in your care.
5. The right to refuse treatment, to the extent provided by law, and to be informed of the consequences of this action.
6. The right to expect reasonable continuity of care.
7. The right to interpreters when language is a barrier.
8. The right to confidentiality of records, to the extent provided by law.
9. The right to request and receive a copy of the bill, or statement or charges, submitted to any third party by this agency for you care.
10. The right to file a grievance report regarding any concern for services rendered.
11. The right for patients who are served by this agency, to be seen for services regardless of the ability to pay. No one will be denied admission based on disability, race, gender, gender identity, creed, ethnic origin, sexual orientation, religion, age or ability to speak English.
12. The right, upon written request (release of records) to review clinical files, with you and your clinician.

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

MARGRET R. COOKE
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

Know Your Rights

Bureau of Substance Addiction Services (BSAS)

You have many rights related to your treatment and care that must be protected by Licensed and Approved Programs under **105 CMR 164.079.**

Assessments & Referrals:

- After an assessment, a provider may determine that this is not the right service setting for you, and the provider **must** then make a referral to the appropriate service setting and support you through the referral process.

Admission:

- You **cannot** be denied admission based **only** on
  - the results of a drug screen or primary substance used;
  - a medication prescribed to you; or
  - if you do not have a current prescription refill on any active medications

Re-admission:

- You **cannot** be denied re-admission to a program based **only** on one of the following events:
  - you left treatment against medical advice;
  - you relapsed while in treatment; or
  - you filed a complaint either to the program or to BSAS about any aspect of your treatment.

Cultural services:

- You have the right to an interpreter and to receive care that is culturally appropriate.

If you think your rights around treatment have been violated, please call the **BSAS confidential complaint line** at **(617) 624-5171**

BSAS Regulation Online:

Immediate Discharges

The following behaviors will result in immediate discharge from BHS outpatient services and will be documented as such within the discharge summary.

- Violence or potential of engaging in violence towards BHS members and/or other clients.
- Possession or use of a dangerous weapon by a patient including all objects used as weapons.
- Any criminal behavior on premises that becomes evident to BHS staff.
- Specific verbal or nonverbal threats of committing homicide and/or physical injury toward a staff member or a patient (the staff member or client must be specifically identified or named by the threatening client).
- General verbal or nonverbal threats of committing homicide and/or physical injury toward any staff member or client in general (not specifically named) if determined by staff members involved that the patient has a serious intent of committing such violence and/or the client will not contract for safety.
- Destruction of agency property and/or personal property belonging to staff or patients.
- All sexually inappropriate behaviors.

Updated 3/2026

Lowell Community Health Center, INC.
Behavioral Health Services

Complaint/Grievance Procedure

The client may make a complaint at any time and expect a response and/or resolution in as timely a manner as possible. Patient complaint procedures are as follows:

1) Initial communication can be verbal or written and may be reported to the BHS Director or Site Manager. Every effort will be made at the initial time of the complaint to address the issues with the complainant in an attempt to immediately resolve the problem to the client's satisfaction.
2) If a solution is found and agreed to by you/your family within 3 working days the complaint is resolved.
3) If a complaint cannot be resolved immediately, the Director of BHS or Site Manager verbalizes that the issue will be reviewed/investigated and the client will be notified of the result as soon as the review is complete. Designated staff members are available if a translator is required. The complaint is documented on the standard Event Report form by the BHS Director or Site Manager.
4) When a complaint or grievance cannot be resolved to the client's satisfaction, the complaint is referred to the Chief Quality Officer. The CQO will work with the Executive Director to determine who would be appropriate to follow-up with the client making the complaint. Follow-up by phone call and/or letter should be done as soon as possible or within 3 business days.
5) If the CQO is not available, the complaint is referred to the Executive Director or Medical Director.
6) The completed Event Report form with documented resolution and follow-up is kept for pattern analysis and trending.
7) Evaluation of patient complaints are managed through the Patient Satisfaction survey process and through continuous quality improvement activities.
8) If you remain unsatisfied with these results the client may contact:
   The Department of Public Health
   Division of Substance Abuse Services
   250 Washington Street
   Boston, MA 02108

I have read and understand the above procedure – initial on Global Consent.

REV 4/2013

Overdose Prevention Education

What Is An Overdose?

An overdose is when someone takes more than a normal or recommended amount of a substance or medicine. Toxic amounts of a substance can shut down the body. It is important to understand that **anyone can experience an overdose**. The amount of substance used to cause an overdose can vary from person to person and change over time. People can overdose on many things including prescription medications, alcohol, illicit substances, and other substances.

Overdose Risk Factors

Mixing Drugs

- Mixing any type of drugs is unsafe, unless approved by your doctor.
- Mixing pain management medication, mental health medication, illicit substances, prescription medication, addiction management medication, and/or alcohol can increase risk of overdose.

Fentanyl

- Fentanyl is a strong opioid. It is 50 times stronger than heroin.
- Fentanyl is being mixed into many illicit substances, even some that look like prescription pills.
- Testing illicit substances for fentanyl can help prevent overdose.

Low Tolerance/ Stopping Use For A period Of Time

- When someone has stopped using an opioid or other drug, even for a couple of days, they are at increased risk for an overdose because their tolerance has changed.
- Examples of when this might happen include: recent pregnancy, being released from jail or a treatment center, or coming out of detox.

Storing Medication Incorrectly

- Medications left open, or out on a table or counter can accidently be taken by children.
- Keep all medications in a cool, dry place with a secured childproof cap.
- Keep out of children's reach and sight.

Taking Medication Incorrectly

- Taking more medication than recommended or taking someone else's medication can increase overdose risk.
- Talk with a doctor before changing the amount of prescription medication you take.

Using Illicit Substances Alone

- There is an increased risk when consuming a substance alone because there is no one present to call for help if something goes wrong.

Recognizing An Overdose

- **Slow or abnormal breathing.** The person may gasp for air or stop breathing.

- The person **may seem to be sleeping** and may even snore. They may make snoring sounds.

- Pale, sweaty, **clammy skin**.

- Pinpoint or small pupils.

- Lips and/or fingers may turn **blue/purple**.

In the case of an overdose, you are **unable to wake the person**.

Providing Help

- Make sure your surroundings are safe before helping.
- Check the person for breathing and consciousness.
- **Call 9-1-1**, follow instructions.

Administer Narcan®

- When in doubt, give Narcan®. It won't hurt someone who doesn't have an opioid in their system.
- Place person in "recovery position".

Recovery Position

- Lay person on side. Top leg bent forward to support. Bottom arm bent to prevent rolling over. Top hand under chin to keep mouth open.

How to administer Narcan Nasal Spray