Consent for School Health & Wellness Services

Dear Parent / Guardian:

Many students benefit from school-based health and wellness services, which may be available on the school site at no cost to you. Keystone Therapy & Training Services ("Keystone") partners with schools and school districts to provide mental and behavioral health and wellness supports. Services may be provided by Keystone licensed clinicians, associates, trainees, interns, support specialists, or other qualified team members, as appropriate. Services may be offered in person or remotely/virtually. In-person services provided at school will take place in a location intended to support student privacy.

By signing this consent, I understand that:

- Services for my child may include screening or assessment, referrals, care coordination/case management, individual or family counseling/therapy, groups, psychoeducation, skill-building, social-emotional or wellness supports, and other appropriate behavioral health services.
- Some Keystone team members may be interns, trainees or associates working toward a degree, credential, certification, or professional license. They will receive supervision consistent with applicable requirements.
- I will not be charged an out-of-pocket fee, copay, or deductible for school-based services covered under the applicable school-based program or funding arrangement.
- My child's Medi-Cal, commercial, or private health insurance may be billed for eligible services when I authorize billing. I understand that Keystone will not bill me for a copay or deductible for services provided under the applicable school-based billing program.
- My child may have an independent right to consent to certain services under California law, including as applicable under Family Code §§ 6922, 6924, 6925, 6929, 7122 and Health & Safety Code § 124260.
- Participation in services is voluntary unless otherwise required by law or a separate educational or legal process. I or my child, when legally authorized, may withdraw consent for voluntary services at any time.
- If my child repeatedly declines to participate or continually misses appointments, Keystone may evaluate whether services should be closed or transitioned and may provide referrals to other community resources when appropriate.
- This consent is valid for one year unless revoked earlier. A new consent will be requested annually.

CONFIDENTIALITY

Information shared in health, wellness, and counseling services is confidential and will be handled in accordance with applicable privacy laws and professional requirements. Authorization is generally required before protected information is released, except where disclosure is permitted or required by law, including circumstances such as suspected child abuse or neglect, a valid court order, or an imminent threat of serious harm. A Notice of Privacy Practices will be made available as applicable.

SHARING INFORMATION WITH OTHERS

I understand that Keystone team members:

- May share my child's health information within the Keystone care team as needed to coordinate, supervise, document, bill for, and evaluate services.
- May share information with other healthcare professionals or service providers when authorized or otherwise permitted by law for treatment, care coordination, or related purposes.
- May communicate limited information with appropriate school personnel on a need-to-know basis to coordinate school-based services, such as scheduling appointments, excusing a student from class, confirming a referral, or coordinating student support.
- May disclose limited service information to authorized contractors, payers, government agencies, or program evaluators when required or permitted for billing, program administration, quality improvement, evaluation, compliance, or continued funding.
- Will seek additional parent/guardian or student authorization, when required, before sharing information beyond what is permitted by this consent or applicable law.

CONSENT TO BILL AND EXCHANGE INFORMATION WITH HEALTH PLANS

Keystone seeks your consent to bill Medi-Cal/Medicaid and commercial or private health insurance plans for eligible mental health, behavioral health, wellness, and related services provided to your child. Reimbursement helps support the availability of school-based services.

- Limited information needed for billing may include student identifying and demographic information, insurance information, diagnosis or service information when required, and service documentation. Information may be shared

with health plans, managed care organizations, billing vendors, clearinghouses, or other authorized entities using secure processes consistent with applicable privacy requirements.

- Your consent to billing is voluntary and may be revoked at any time. Revocation is not retroactive and does not invalidate billing or disclosures that occurred after consent was given and before it was revoked.
- Refusing consent to bill insurance will not, by itself, result in an out-of-pocket charge to you for services that are otherwise available to your child through the applicable school-based program.
- Consent to billing is not intended to reduce your child's available benefits or result in a copay or deductible for you for services provided under the applicable school-based program.
- You may request a copy of this signed consent. Consent for the limited exchange of information for billing will be renewed annually.

NOTICE TO CLIENTS

California law requires mental health practitioners to provide clients with information about where complaints regarding professional services may be filed. Questions or concerns about Keystone services may be directed to Keystone Therapy & Training Services through the organization's established client concern or complaint process.

The California Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists, clinical social workers, licensed educational psychologists, and professional clinical counselors. The Board may be contacted through its official website or by telephone at 1-916-574-7830.

For services provided by a Certified Wellness Coach, the California Department of Health Care Access and Information (HCAI) administers the Certified Wellness Coach program and certification. HCAI may be contacted by email at WellnessCoach@hcai.ca.gov or by telephone at 916-326-3700

PARENT/GUARDIAN CONSENT FOR SERVICES & RELEASE OF INFORMATION

I have read and understand the information above and permit my child to receive school-based health, mental health, behavioral health, and/or wellness services from Keystone Therapy & Training Services, subject to applicable law.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION TO BILL INSURANCE

I authorize Keystone Therapy & Training Services and, as necessary for school-based billing, its authorized partners or billing vendors to use and disclose limited student and health information and submit claims to Medi-Cal/Medicaid and/or other health insurance for eligible services provided to my child. This authorization is for the limited purpose of obtaining reimbursement through applicable school-based funding processes, including the Children and Youth Behavioral Health Initiative (CYBHI) Multi-Payer Fee Schedule when applicable.

There will be no out-of-pocket costs to me for services billed under the applicable school-based program.

Parent/Guardian Signature: _____ Date: _____

Student Name: _____ School: _____

HEALTH INSURANCE INFORMATION

My child has health insurance: ☐ Yes ☐ No

Insurance / Health Plan Provider: _____

Student Insurance ID / Member ID #: _____ Group #: _____

Plan ID #: _____

Main Policy Holder / Subscriber Name: _____

Relationship to Student: _____

Comments: _____