

School Based Enrollment Packet

Cheat Sheet

Client Information-Face Sheet: Please fill out the highlighted sections. Insurance information needs to be filled out entirely unless they have Medicaid, then just the company and ID number.

Informed Consent and Acknowledgement: The first initial gives Tanager permission to treat your child for services. The second initial allows your child to attend group therapy, as applicable. You will be contacted in the event that they are chosen for group therapy. **Please date, print your name, sign, and note your relationship to the child on the lines provided at the bottom.**

Acknowledgement: The first two initials state that you understand the therapist is a mandated reporter. It is our duty to make a report if a client is in clear or imminent danger or if we become aware of suspected child abuse. The third initial informs you that information is provided to the Iowa Foster Care Review Board; *no direct identifying information is ever given in this case.* Please initial that you were provided with our notice of privacy practices as well as the Client and Family Handbook. **Please date, print your name, sign, and note your relationship to the child on the lines provided at the bottom.**

Teletherapy Informed Consent: This gives permission to provide therapy via Telehealth when necessary. It explains that Telehealth is not an appropriate service in the event of a crisis. You are responsible for setting up a confidential space for the session to take place and if connection quality is bad then the session may need to be rescheduled. It is also important to know that any recordings or pictures of teletherapy sessions is prohibited. **Please date, print your name, sign, and note your relationship to the child on the lines provided at the bottom.**

Authorization to Exchange ePHI: This gives permission to email or text you with identifying information about your child during the course of treatment. **Please initial the front, fill in your email and/or phone number, then on the back please date, print your name, sign, and note your relationship to the child on the lines provided at the bottom.**

Consent to Release and Exchange Information:

1) The first release of information is to be able to communicate with the school regarding treatment

2) The second release is to be able to communicate with any learning support teams (GWAEA) regarding treatment. *This is optional.*

3) The third release is for primary care provider. Please fill out the primary care provider's information in the section on the top left. By signing this release, we will notify the provider that your child is receiving services. It may also be helpful for future correspondence if needed.

4) A fourth release is included in case there is anyone else you'd like us to have contact with during the course of treatment. Please fill out that person's information on the top left. If the emergency contact listed does not have custody/guardianship, be sure to include them on this release.

For each release, please date, print your name, sign, and note your relationship to the child on the lines provided at the bottom.

Current Symptom Checklist and Client Assessment Information: It would be very helpful to get your take on current symptoms you're observing as well as concerns you would like to have addressed in therapy.