



COPPER ISLAND ACADEMY SCHOOL WELLNESS PROGRAM
MINOR CONSENT FOR SERVICES

According to Michigan State Law, a minor is a person under the age of 18 years.

Confidential Services:

Under Michigan State Law, I understand that minors may, without parental/legal guardian consent, receive advice, testing and/or treatment for substance abuse, family planning counseling services, sexually transmitted disease, and HIV, which are defined as Confidential Services.

Family Planning services are **not** offered in this program. No birth control pills, devices are dispensed or prescribed. No abortion counseling, services or referrals are provided.

I further understand that minors fourteen (14) years of age and above can, without parental/legal guardian consent, obtain outpatient mental health services, not to exceed twelve (12) visits over four (4) months and not to include and medications. I understand that the counselor treating me may notify my parent/legal guardian without my permission if someone is hurting me or I am hurting myself or someone else, or if I have a plan to hurt myself or someone else. In those cases, the counselor will try to inform me of their duty to notify my parent/legal guardian before informing them.

I have read and understand the above information and sign it freely and voluntarily.

By signing this form, I agree to the following:

- I have reviewed and understand the Confidential Services offered by Upper Great Lakes Family Health Center through the Copper Island Academy School Wellness Program.
- I understand I may defer treatment or withdraw my consent for services at any time by submitting a Withdrawal of Consent Form unless I am hurting myself or someone else, or if I plan to hurt myself or someone else.
- I understand that I have the right to refuse recommendations and/or care.
- I was offered a copy of Upper Great Lakes Family Health Center **Notice of Privacy Practices** brochure.
- I understand there will be no charge or billing for this service.

Printed Name

Date of Birth

Signature

Date

Witness Signature