



HOUGHTON ELEMENTARY 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 Houghton Elementary 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 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