

CONSENT FOR MEDICAL AND MENTAL HEALTH SERVICES

SANDY SEGAL YOUTH HEALTH CENTER

Venice Family Clinic/Los Angeles Child Development Center/Culver City Unified School District
4401 Elenda Street, Culver City, CA 90230 Phone: 310-842-4200, ext 3510

Print Student/Patient Information

Name: _____ Birthdate: _____ Grade: _____

Address: _____

Print Parent/Legal Guardian/Caregiver* Information

Name: _____ Email: _____

Home Phone #s: (____) _____ Cell #: (____) _____ Work#: (____) _____

1) I give permission for the Venice Family Clinic/Los Angeles Child Development Center to provide health and mental health care services to the above named student. Services include, but are not limited to, immunizations, laboratory services, diagnosis and treatment of acute illnesses/injuries, physical examinations, and mental health counseling, when advised or recommended by the clinic staff.

2) I understand my consent covers only those services provided at the Sandy Segal Youth Health Center. I understand that this consent form remains valid until its expiration date or until the clinic receives written revocation from me.

3) I understand that I will not be billed directly for any health services provided at the Sandy Segal Youth Health Center. However, I understand that Venice Family Clinic needs to cover their expenses and may bill third parties for these services, including any applicable health insurer, or ask students to enroll in Medi-Cal or another public insurance program. Los Angeles Child Development Center has no such requirement for mental health services. My insurance information is listed below:

Health Insurance **No** [] **Yes** [] Provider: _____ Policy #: _____
Medi-Cal **No** [] **Yes** [] Number: _____

Parent/Guardian/Caregiver* Signature: _____ **Date:** _____

**If Caregiver does not have legal custody, a Caregiver Authorization Affidavit will need to be completed; please call 310-842-4200, ext 3510 for more information.*

The Sandy Segal Youth Health Center is operated by the Venice Family Clinic and the Los Angeles Child Development Center in collaboration with Culver City Unified School District. All health and mental health services provided at the Sandy Segal Youth Health Center are confidential and records are not available to school officials. For more information about the privacy of your health information, please visit the following website:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>

Please be aware that under California law, youth do not need parental consent to receive certain health care services, such as diagnosis and treatment of sexually transmitted diseases and reproductive health care. For more information about these laws and the services we provide, please contact us at 310-842-4200, ext 3510.

