IDAHO DEPARTMENT OF JUVENILE CORRECTIONS

BLANKET CONSENT FORM FOR HEALTH CARE SERVICES FOR MINOR

PROVIDING BLANKET CONSENT IS OPTIONAL AND MAY, INSTEAD, BE GIVEN ON A CASE-BY CASE BASIS. BLANKET CONSENT MAY BE WITHDRAWN BY A PARENT AT ANY TIME.

Although the Idaho Department of Juvenile Corrections (IDJC) is not the legal guardian of your child, it does become the **legal custodian** during the period of commitment. Idaho law requires that the IDJC, as legal custodian, provide reasonable health care to each juvenile in its custody.

Name of Minor: _____ Birthdate of Minor: _____

CONSENT FOR TREATMENT: By my initials below, I voluntarily consent to and authorize the Idaho Department of Juvenile Corrections and its employed or affiliated physicians, practitioners, and staff (collectively "Providers") to render medical evaluations, diagnoses and treatment; diagnostic services including lab tests; prescription and administration of medications; counseling; and any other health care services as defined in I.C. §32-1015 deemed reasonably necessary and appropriate by the treating Provider. I understand that my consent specifically authorizes my child to obtain health care services including, but not limited to, immunizations, mental health care, and substance abuse services. This consent shall constitute a "blanket consent" within the meaning of I.C. §32-1015(4)(a) and is specifically intended to authorize such health care services. Failure to initial shall be deemed your opt out of such treatment.

MEDICAL AND MENTAL HEALTH CONSENT FOR TREATMENT

MEDICAL CARE AND TREATMENT

Your input about your child's medical situation is valued by IDJC, and IDJC will always attempt to notify you of any medical care (other than routine) that your child receives, but your prior written consent is **not required** for the IDJC to provide these services. Please initial each item to acknowledge understanding and consent:

_____ 1. **Routine Medical Care:** The IDJC is required by law to carry out the responsibility for routine health care and treatment of illness and injuries to your child, as well as vision and dental care, as needed. This may include examinations, immunizations, x-rays, laboratory procedures, blood draws, medication administration, first aid, and urinalysis.

_____ 2. **Immunizations:** There are certain vaccines recommended for various age groups. Vaccines are recommended but never required. Your child will not be required to be immunized if IDJC is provided:

a) A signed statement from a licensed physician that your child's life or health would be endangered if the required immunization(s) are given; or,

b) You sign a statement containing the name of your child and a description of objections you have to particular immunization(s) for religious or other reasons.

*Any immunizations given to your child will be documented in Idaho's Immunization Reminder Information System (IRIS). Participation in IRIS is **voluntary,** and you may opt out at any time by contacting the Idaho Immunization Program at (208) 334-5931 and requesting and completing an opt-out form and notifying the IDJC.*

_____ **3. Emergency Medical Care:** Every effort will be made to contact you to obtain consent for specific, major medical procedures recommended by the medical provider, but should we be unable to reach you, the IDJC will take whatever measures are necessary to provide emergency medical or dental care, surgery, or hospitalization in your absence or unavailability when a delay in providing medical services will endanger the life or health of your child.

_____ **4. Mental Health Treatment:** . The IDJC's medical provider will make all determinations as to the types and dosages of medication used while your child is in custody if they determine that your child would benefit from a regimen of psychopharmacology (medications to treat mental health conditions). You will then be notified that psychotropic medications consistent with your child's psychiatric diagnosis have been prescribed Your initials here indicate that you consent to your child taking these medications as prescribed by the medical provider.

PROTECTED HEALTH INFORMATION AND RELEASE OF INFORMATION

Please initial on the line provided next to each category to indicate your permission.

I, _____ the parent/guardian of _____ (child's name) hereby give my permission for the following:

_____ **5. Testing for and Release of Information Regarding HIV Antibody and Other Pathogens:** Idaho law requires the IDJC to test certain incarcerated persons for HIV/AIDS and other bloodborne diseases. If your child asks for an HIV/AIDS or related test, **and the law does not require** them to be tested; you must give your permission before the testing can be done. In that case, please initial if you authorize our physician or the district Health Department to test your child for HIV antibody and other bloodborne pathogens, and to release their test results to the facility wherever you child is placed, to the person(s) who transferred or committed your child to us, and medical/dental care providers who treat your child. With your initials in this section, you release our physician and/or the district health department from any and all responsibility concerning the lawful release of this information.

_____ **6. Treatment Records Release:** You give permission to any and all agencies or other healthcare providers that have previously provided your child with mental health, medical, or dental treatment to release any and all information related to such treatment to the Idaho Department of Juvenile Corrections.

_____ **7. Protected Health Information Release to IDJC:** You give permission to any and all agencies or other healthcare providers that provide your child with mental health, medical, or dental treatment to release any and all protected health information related to such treatment or testing to the Idaho Department of Juvenile Corrections for the duration of commitment. By initialing here, you also give permission for all entities and individuals who provide healthcare to your child while in custody, to release all of those healthcare records to the IDJC upon its request. This includes all mental health and medical records, including psychiatric or psychotherapy notes.

_____ **8. Parent/Guardian Agreement to Participate in Counseling:** Whenever possible, the Department is obligated by Idaho statute to involve parents/guardians in a juvenile's rehabilitation treatment. You hereby voluntarily agree to participate in family therapy sessions with a qualified therapist, as part of your child's regular rehabilitation programming. Also, you agree to comply with the conditions of family therapy as stipulated by your child's therapist. **Note: the court may have ordered such participation. See your commitment Court Order.*

_____ **9. Release of Records to Juvenile Probation:** The Department partners closely with county juvenile probation officers, who are officers of the court, to plan your child's reintegration into the community. You hereby give permission to the Department to share otherwise confidential information about your child, including Observation and Assessment and placement documents, with the probation officer assigned to your child's case. Any information shared will be to assist the probation officer with planning your child's reintegration into the community.

_____ **10. Sharing of Protected Health Information:** Licensed Clinicians and case managers (e.g., Juvenile Services Coordinators, Rehabilitation Specialists) may share assessment and treatment information or records with treatment team members, including probation officers. Licensed Clinicians may share information obtained during counseling sessions with treatment team members including but not limited to case managers, probation officers, and Direct Care Staff on a need-to-know basis for delivery of care and treatment.

I understand that the above records are protected under federal regulations including the Health Insurance Portability and Accountability of 1996 (HIPAA), 45 CFR Parts 160 & 164, and/or Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in these regulations. Recipients of this information may not re-disclose this information, except in connection with their official duties. I understand that this authorization is subject to revocation by me if provided in writing, except to the extent the disclosure has already occurred in reliance upon this authorization. I understand that I am not required to execute this release and that I may refuse to do so and no treatment or benefits eligibility is conditioned on its execution.

DURATION AND REVOCATION OF CONSENT – I understand that this consent is valid for three (3) years from the date of execution. I understand that I can withdraw my consent at any time by providing written notice to IDJC. I acknowledge that revocation of consent may not be effective in emergency situations where my child's life or health is at risk and does not apply to any uses or disclosures made by IDJC before receipt of the completed revocation form or for uses or disclosures that are required by law. I am authorized to sign this Release of Information and Consent because I am the parent, legal guardian, or authorized agent vested with legal custody of the juvenile who is committed to the IDJC.

I understand this consent will follow my child throughout placement for treatment. Information generated by this release will be maintained in the Idaho Department of Juvenile Corrections' file. Confidentiality will be preserved and unauthorized disclosure will be prevented in accordance with IDJC, state, and federal regulations.

Parent/Guardian Signature:_____ Date:_____

Printed Parent/Guardian Name_____

ADDITIONAL RELEASES AND CONSENTS

Please initial on the line provided next to each category to indicate your permission.

I, _____ the parent/guardian of _____ (child's name) hereby give my permission for the following:

_____ **School Records Release:** You authorize schools that your child has previously attended to release all school records to the receiving school district. Please list the schools that your child has attended:

School	Grades Completed	Dates

_____ **Release of Records to Educational Entities:** The Department partners closely with schools, post-secondary institutions, Vocational Rehabilitation, Department of Labor, Idaho Launch, GED and other academically/career-related programs that may require transcripts or other educational documentation in order to proceed with educational services. (These might include creating accounts, procuring accommodations, determining services, guiding placement, and/or helping with reintegration into the educational community and the community at large.) You hereby give permission to Juniper Hills Schools to share otherwise confidential information about your child to the IDJC including transcripts, grades, special education files, and other information normally protected by FERPA . Additional signatures may be required.

_____ **Consent to allow middle school/junior high credits count for high school credits:** Under certain circumstances, middle school/junior high credits may count for high school credits. (This typically occurs when the course is taught by a high school certified teacher, when a middle school/junior high youth has fulfilled their middle school PE requirements but continues to earn PE credits, or a youth is taking an advanced math course (Algebra I or above) as a middle school/junior high student.) You hereby give permission to Juniper Hills Schools to grant high school credit for middle school credit, only when the situation warrants.

_____ **Permission to Assess:** You give permission for your child to participate in educational testing during the Observation and Assessment process.

_____ **Facility/Personal Belongings Liability Release:** You give your permission for your child's possessions and personal belongings to remain with your child while placed at an IDJC facility or contracted facility. You understand that the facility will not replace this property if lost, stolen, or broken. When your child completes the facility's program, they may take property with them.

_____ **Urinalysis Testing:** Urinalysis detects the presence of a variety of drugs in the urine. Urine samples are collected from all residents on a random or "surprise" basis and submitted to a professional laboratory for screening. There may be consequences from a positive urinalysis test, including removal of your child from contract care placement, and/or criminal charges.

_____ **Community Service Projects Participation Release – Release Participants Under Age 18:** You release and discharge the state of Idaho and its partners and their officers, agents, and employees from all claims, demands, and causes of action of every kind whatsoever for any damages and/or injuries which may result from the child's participation in community service projects and other voluntary activities. You agree to hold harmless the state of Idaho and its partners and their officers, agents, and employees from liability for

any damages or injuries resulting from any negligence or willful wrongdoing on the child's part during participation in said voluntary activities.

_____ **Out of Facility Release:** You give permission for your child to participate in low-risk social and recreational outings supervised by the residential program staff. If there are any activities in which, for health or other reasons, you do not wish your child to participate, please note the activities and your concerns here:

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AFTERCARE SERVICES

_____ **Reintegration and Aftercare:** If you and your child decide to access reintegration/transitional and aftercare services after release from the Idaho Department of Juvenile Corrections, you give the Department permission to release treatment information to the designated service provider(s) to assist in the development of a reintegration plan to access services.

_____ **Health and Welfare Services:** If you and your child decide to apply to the Idaho Department of Health and Welfare for services after release from the Idaho Department of Juvenile Corrections, you give the Idaho Department of Juvenile Corrections permission to release treatment information to Idaho Department of Health and Welfare to assist in the completion of the application.

I understand that this consent is valid for three (3) years from the date of execution. I understand that I can withdraw my consent at any time by providing written notice to IDJC. I am authorized to sign this Release of Information and Consent because I am the parent, legal guardian, or authorized agent vested with legal custody of the juvenile who is committed to the Idaho Department of Juvenile Corrections.

This consent will follow my child throughout placement for treatment. Information generated by this release will be maintained in the Idaho Department of Juvenile Corrections' file. Confidentiality will be preserved and unauthorized disclosure will be prevented in accordance with Department, state, and federal regulations.

Signature of Parent/Guardian	Printed Name of Parent/Guardian	Date

Address	City	State	Zip

Work Phone: _____ Home Phone: _____ Cell Phone: _____

E-mail Address Parent 1: _____ E-mail Address Parent 2: _____