

Date: _____

Tool: _____

Score: _____

Behavioral Health Screening Consent for Screening & Release of Information

The Mental Health Association of Palm Beach County's (MHAPBC) Be Merge Program for Infants and Children works in partnership with Simo & Bruck Pediatrics, to provide mental health and substance use screenings for Infants, children and adolescents. The purpose of this project is to improve patient care by integrating behavioral health care into primary care settings. The screening information collected will be used to assess your child's emotional health needs. By signing this consent form, you are giving us permission to survey your child to help evaluate your child's social-emotional wellness and to coordinate care with your child's pediatrician. This information will be kept confidential and will only be shared with your child's pediatrician's office.

Screening tools that may be completed include:

- Screen for Child Anxiety and Related Disorders (SCARED)
- Depression Scale for Children (CES-DC)
- Pediatric Symptom Checklist (PSC)
- Adolescent Substance Use Screening (CRAFFT)
- Patient Health Questionnaire-9 Modified for Teens (PHQ-9)

Parent & Patient Information:

Town & Zip Code: _____

Phone: Home _____ Mobile _____

Email: _____

Child's Gender: Male _____ Female _____ Child's Age: _____ Child's Ethnicity: _____

Does your child have health insurance: Yes _____ Plan _____ No _____

If follow-up or referral is needed (based on score): May we leave a message on your voice mail? Yes _____ No _____

May we contact you by email? Yes _____ No _____

I authorize that I am 18 years of age or older, I have read and understand all information and all questions have been answered to my satisfaction. I understand that I am free to withdraw my child from the project at any time without penalty. I also confirm I received a copy of this consent form.

I _____ (parent/guardian name) authorize MHAPBC staff to collect and share screening information of my child, _____ (child's name), with Simo & Bruck Pediatrics in coordination of my child's health needs.

Signature of Parent/Legal Guardian

Date



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*For full notice of our privacy practices, please go to our website at www.mhapbc.org