



1044 State Street, Schenectady, NY 12307
(518) 370-1441 | hometownhealthcenters.org

Hometown Health Centers, Schenectady

Confidential Services School-Based Health Center Consent Form

I consent to receive health care services in one of the Schenectady School District’s eligible schools (Schenectady High School, Mont Pleasant/Hamilton Elementary) school-based health center (SBHC). Physicians and Nurse Practitioners employed by Hometown Health Centers staff the SBHC program which is licensed by the New York State Department of Health. Confidential Services provided by the SBHC may include:

- Reproductive health care services, including abstinence counseling, contraception, testing for pregnancy, STD screening and treatment, HIV testing, and referrals for abnormal results, as age appropriate.
- Health education and counseling for the prevention of risk-taking behaviors such as: drug, alcohol, and smoking abuse, as well as education on abstinence and prevention of pregnancy, sexually transmitted infections, and HIV, as age appropriate.

I understand that confidentiality between the student and the health provider will be ensured in specific service areas in accordance with the law, and the students will be encouraged to involve their parents or guardians in counseling and medical care decisions.

I authorize Hometown Health Centers to release information regarding treatment to third party payers or others for purposes of billing and for any reason that may be required to comply with statutes or regulations in accordance with accepted medical practices.

I have read the above information and have had the opportunity to have any of my questions answered. I understand that this consent form will be in for Confidential Services only.

By law, parental consent is not required for prenatal care, services related to sexual behavior, mental health care and pregnancy prevention, and the provision of services where the health of the student appears to be endangered. Parental consent is not required for students who are 18 years or older or for students who are parents or legally emancipated.

For more information about Youth and Student Rights, visit the New York Civil Liberties Union NYCLU website: <http://www.nyclu.org/issues/youth-and-student-rights>

X _____
Signature of Student

Date _____

(please print)

Student Name: _____

Home phone: () _____

Day time phone: () _____

Cell phone: () _____

