Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

SBIRT Parent/Guardian Opt-Out Form

If you AGREE to the following, you do **NOT** need to complete this form.

I agree to authorize Wachusett Regional High School to disclose to the Department of Public Health (DPH) the following information: My student's responses to eight questions as related to their use/no use of alcohol and/or drugs. NOTE: Only student responses (in aggregate form) will be submitted. **NO STUDENT NAMES** will be submitted to the DPH.

I understand that in order to receive evaluation and treatment, my student's SBIRT screening information must be disclosed using a DPH secured portal. I understand that the result of my student's verbal substance use screening conducted in school is protected under Massachusetts General Law Chapter 71, Section 97 (c) and cannot be disclosed without my written consent unless otherwise provided for by the regulations. In addition all alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Student Records, 42 C.F.R. Part 2, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for by the regulation.

If you wish to OPT OUT and not have your student participate in the SBIRT screening, please **complete the bottom section of this form and return it via email to Kendra Cantrell (kendra_cantrell@wrsd.net) or via hard copy to the WRHS school counseling office by Wednesday, October 28th, 2026.**

As is my right, I wish to opt out my student, _____ from participation in the proposed drug and alcohol screening.

_____ _____

Signature of Parent/Guardian Date

_____

Name of Parent/Guardian (please print)

Central Administrative Offices
1745 Main Street
Jefferson, MA 01522
Phone: 508-829-1670