Support your child's emotional well being at no cost to you!
Consent Form Link

Nevada County public schools proudly participates in the Children and Youth Behavior Health Initiative Fee Service program in order to help sustain wellness and behavioral health programs on our campuses. By giving consent, the services provided to your students can be reimbursed to the school and used to keep these programs going.

➡️ *How it works:*

Federal and state laws allow local educational agencies (schools) to file for insurance benefits to pay for health services provided in the educational setting. Seeking claim reimbursement will **NOT** impact your child's overall insurance cap or deductible. This means that eligible mental and behavioral health services and supports can be conveniently offered at your student's school at **NO COST** to you. The services include screenings/assessments, whole-class social-emotional learning, group support, individual counseling, crisis counseling, peer mediation, and wellness services. By providing your consent, you allow the district to seek reimbursement from Medi-Cal and/or private insurers to help cover these services. Your consent allows the district to securely share necessary records with Nevada County Superintendent of Schools Office, their Ordering, Referring, Prescribing (ORP) Provider (when necessary) and their third-party billing vendor through an Electronic Health Record. Please note that whether or not you provide consent to bill, you or your student can continue to receive the needed services. However, completing the consent form ensures that schools can maintain and expand these services for all students.

➡️ *Information being shared:*

Once a student has participated in an eligible service, the provider documents the type of service and the amount of time the student was seen. The records will be securely shared with Nevada County Superintendent of Schools Office and their third-party billing vendor through an Electronic Health Record for reimbursement purposes, and all information will be kept confidential in accordance with FERPA and HIPAA privacy laws, and state laws and regulations. Claims can be made to services received starting July 1, 2024 and must be made within a 365 days of service. Case notes, descriptions, and diagnostic impressions may be recorded by the provider but will not be shared to outside parties nor recorded in the Electronic Health Record.

Records to be released to Carelon Behavioral Health or the Medical Insurance Company **MAY** include:

- Student's name, date of birth, gender, insurance information, the date, time and type of health services provided and the rendering provider.
- Student's behavioral, medical, health and/or education records (only in emergency situations)

➡️ *Age of Consent:*

Students 12 and over can give their own consent to receive mental health services and when that student consents to services on their own behalf, the records created through those services are confidential and belong to the student. Parents or legal guardians do not have an automatic right to access these records without the student's permission, except where disclosure is necessary to prevent serious and imminent harm to the student or others, or as otherwise required by law (California Health & Safety Code SS

124260). The mental health provider retains clinical discretion to involve a parent or guardian when, in their professional judgment, doing so is necessary for the student's welfare.

➡️ *Treatment/Services:*

Services may include individual, group, and/or family sessions, teacher/staff consultation, as well as other services and activities. Information from youth, teacher, and caregiver assessments may be collected, if necessary, to help support the student. This information will be used to inform treatment and to ensure the quality of the services provided. Services will be provided by qualified mental health professionals with National Provider Identifiers. These services may be discontinued at any time via written communication by the mental health provider and parent/guardian or verbal communication by consenting student. All information shared in the course of services is confidential. However, there are legal exceptions, including: (1) suspected child abuse or neglect, which must be reported to authorities; (2) imminent risk of harm to the student or others; (3) a court order requiring disclosure; (4) consultation with clinical supervisors or the treatment team; (5) medical emergencies; and (6) insurance billing, if separately authorized. Consent remains valid until withdrawal from CYBHI services or disenrolled.

➡️ *HIPAA and FERPA:*

FERPA, or Family Educational Rights and Privacy Act, grants parents/guardians rights over student records and seeks to protect the privacy of students younger than 18 years old. Education entities may share student information within themselves without prior consent only when the recipient is a school official with a legitimate educational interest. FERPA allows this internal disclosure so that employees can perform their professional responsibilities.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a U.S. federal law designed to protect sensitive patient health information from being disclosed without consent. It mandates security standards to protect electronic protected health information (ePHI) and sets rules for patient privacy and insurance coverage portability. While FERPA sets guidelines for sharing protected information within an education system, HIPAA works outside of the education setting for protecting information shared electronically. Both HIPAA and FERPA rules are used when submitting claims through the CYBHI Fee Service program.

The signed consent is issued pursuant to the Health Insurance Portability and Accountability Act (HIPAA) (45 CFR §§ 164.502, 164.506) and the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g: 34 C.F.R. part 99). Consenting Party acknowledges and agrees that Protected Health Information (PHI) may be used for billing purposes without additional authorization in accordance with HIPAA (45 CFR § 164.506, 164.502), and Notice of Privacy Practices must be provided to explain its use (featured below).

➡️ *Notice of Privacy Practices:*

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to consent to most uses and disclosures of your health information and request to limit the information we share. You have the right to a copy of this privacy notice and discuss this notice with a program representative. You have the right to a list of those whom we've shared you/your student's electronic records, which for the purpose of billing, will be our Electronic Health Record and Carelon

Behavioral Health. You also have the right to file a complaint if you believe you/your student's privacy rights have been violated.

With your consent, we can use and share your information as we provide treatment to you/your student, bill for our services, and fulfill your requests to share information.

You can ask us not to use or share certain health information for treatment, payment, or our health care operations after you have provided consent for all those purposes. We are not required to agree to your request, and we will not if, for example, it could affect your care. If we agree to your request, we may still share this information in the event that you or your student needs emergency treatment.

We may use and share you/your student's information without your consent as we communicate within our program and with our contractors, help with medical emergencies and public health, report crimes (and threats of crimes) on our premises and suspected child abuse and neglect, respond to audits and evaluations of our program, assist cause of death inquiries and respond to court orders. In all these circumstances, we must protect you/your student's information and limit how we use and share it.

Complaints can be filed with the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 1-877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html. There is no retaliation for filing a complaint.

➡️ *Resources:*

CYBHI:

https://cybhi.chhs.ca.gov/

Children and Youth Behavioral Health Initiative

CYBHI Video:

https://www.youtube.com/watch?v=Y1mM3eJrbEY

Parent Brochure:

chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.dhcs.ca.gov/CYBHI/Documents/CYBHI-Fee-Schedule-Program-Parent-and-Caregiver-Brochure.

HIPAA

https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html

FERPA

https://studentprivacy.ed.gov/ferpa