

Consent of Parent or Guardian

I, _____ am the (check one) _____ parent _____ legal guardian
of _____ (“my child”), DOB, _____.
(name of youth)

I give my permission to _____ as follows:
(Name of Detention Center)

I Consent of Parent or Guardian to Release MAYSI-2 Scores

I hereby consent to release my child’s results on the MAYSI-2 screen (defined as the list of scales on the MAYSI-2 on which my child scored at either the “caution” or “warning” levels) to the following (place your initials next to all that apply):

_____ My child

_____ To the following individuals and/or agencies for the purpose of obtaining a mental health assessment and/or mental health treatment needed by my child:
My child’s defense attorney; the juvenile probation office; the prosecutor’s office; the juvenile court judge; and other _____
(name of individual/agency)

I understand that:

- The detention center will only give out my child’s results on the MAYSI-2 screen (as defined above), but will not disclose whether my child endorsed any specific question on the screen.
- The individuals and agencies receiving my child’s results on the MAYSI-2 screen will only use the information to arrange for my child to receive further evaluation to see if he/she has any mental health treatment needs or to obtain mental health services my child might need.
- Information disclosed or used pursuant to the authorization may be subject to re-disclosure by the recipient in accordance with law.
- Treatment or provision of services cannot be conditioned upon obtaining my consent to release of this information.
- This Release is valid for 180 days unless revoked by me. I know that I can revoke my permission to release my child’s MAYSI-2 scores at any time by writing to _____ at the detention center.
(name and position of staff member)
- If the staff has already released my child’s scores based on my giving consent initially, they will not be able to get that information back.

Indiana Juvenile Mental Health Screening, Assessment and Treatment Pilot Project

Signature of Parent/Guardian

Signature of Staff

Date

Date

II Consent of Parent or Guardian to Refer Youth For A Mental Health Assessment

I hereby consent for _____ to arrange for a mental
(Name of Detention Center)
health assessment or evaluation for my child.

I understand that:

- The detention center will provide the results of the MAYSI-2 screen to the mental health provider doing the assessment, and any mental health or medical provider involved in the treatment or provision of care of my child.
- Information disclosed or used pursuant to the authorization may be subject to re-disclosure by the recipient in accordance with law.
- This Consent is valid for 180 days unless revoked by me. I know that I can revoke my consent at any time by writing to _____
(name and position of staff member)
at the detention center, except to the extent that action has been already taken.

Signature of Parent/Guardian

Signature of Staff

Date

Date

III Consent of Parent or Guardian to Release Confidential Mental Health Records and Information

I hereby consent for _____ to release the confidential
(Name of Detention Center)
mental health records and information about my child listed below to my child's defense attorney; the juvenile probation office; the prosecutor's office; the juvenile court judge; and _____ for the limited purposes of (i) assisting in procuring
(name of individual/agency)

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services for my child pre-adjudication, (ii) as part of a diversion program, or (iii) for the purpose of disposition.

I understand that:

- The records that the detention center will release about my child will be limited to summaries with diagnosis, prognosis, special health or safety concerns, and prescribed medications.
- Information or records disclosed or used pursuant to the authorization may be subject to re-disclosure by the recipient in accordance with law.
- Treatment or provision of services cannot be conditioned upon obtaining my consent to release of this information.
- This Consent is valid for 180 days unless revoked by me. I know that I can revoke my consent at any time by writing to _____
(name and position of staff member)
at the detention center, except to the extent that action has been already taken.
- I also understand that alcohol and drug abuse treatment records are governed by a federal law, 42 CFR Part 2, and that these records will only be disclosed according to that federal law.

Signature of Parent/Guardian

Signature of Staff

Date

Date

Consent Refused

Parent or legal guardian refused to give consent and was advised that, even without consent, these records may be disclosed in accordance with law.

Signature of Staff

Date