



## Parent/Guardian Consent Form for Group

Student Name: \_\_\_\_\_ Group Name: \_\_\_\_\_

I, \_\_\_\_\_ give my consent for Keri Brooks, The COAD Group  
Parent/Guardian Name COAD Liaison

Liaison to meet with my child regarding an educational support group that my son/daughter has expressed interest in.

1. I understand that my child's involvement with the Student Assistance Program and The COAD Group is voluntary unless my child has violated school district policy in which case participation in the group may be mandatory. I will reference my child's school district policy for more information.
2. I understand that the information obtained from the group is protected by both State and Federal confidentiality rules (71 P.S. 1690 and 42 CFR, part 2). The state law maintains that all information shall remain confidential and may be disclosed only with the person's consent and only to specified recipients as identified in 71 P.S. 1690. The Federal rules prohibit further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client. Information is also protected by The Health Insurance Portability and Accountability Act (HIPPA 45 CFR part 162) which refers to requirements in other applicable laws and indicates that signed consent is always necessary to release information from group.
3. I understand that information will be shared without consent if my child expresses the intention of harming him/herself or others, or if there is suspicion of child abuse.
4. I understand that periodically The COAD Group's Director of Student Assistance Program Services may be observing the educational group in which my child participates to ensure the highest level of service is being provided.
5. I understand that The COAD Group will request feedback from my child regarding their perspective on the effectiveness of the service offered to them.
6. I understand that I may revoke this consent verbally or in writing at any time by notifying The COAD Group except to the extent that action has been taken in reliance on my consent. I understand that this consent expires one year from the date of execution.
7. I understand that if I have a complaint (concern regarding any component of service delivery) or a grievance (request for reconsideration of a decision made regarding my child), I can contact The COAD Group's Director of Student Assistance Program Services at (610) 363-6164. If the problem is not resolved to my satisfaction, I can then submit a written request to meet with the Executive Director of The COAD Group.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number