SAMPLE CONSENT TO DISCLOSE INFORMATION

ADOLESCENT BEHAVIORAL HEALTH — RELEASE TO SCHOOL & THERAPIST

1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME
Zara E. Okonkwo

DOB
11/14/2011

AGE / SEX
14 / Female

MRN / PATIENT ID
PED-PSY-2026-0312

PARENT / GUARDIAN
Grace Okonkwo (mother)

PHONE NUMBER
(312) 555-0347

ADDRESS
2215 North Maple Avenue, Chicago, IL 60614

PC PURPOSE OF CONSENT

2 REASON FOR DISCLOSURE

This consent authorizes the two-way exchange of specific behavioral health information regarding Zara Okonkwo, a 14-year-old female receiving psychiatric care (ADHD + GAD) from Dr. Amara Johnson, MD, to coordinate care between her psychiatric provider, her school, and her outpatient therapist. Because Zara is a minor, her mother Grace Okonkwo (legal guardian) provides consent; Zara has been included in the discussion and has assented to the disclosure, consistent with best practice for adolescent behavioral health. The purpose is to support Zara's treatment for school avoidance and academic-performance anxiety by enabling coordinated implementation of her 504 Plan accommodations and a school-specific CBT protocol.

DP DISCLOSING PARTY

3 PARTY DISCLOSING INFORMATION

NAME / ORGANIZATION
Dr. Amara Johnson, MD — Child & Adolescent Psychiatry; Lakeside Behavioral Health Associates

ADDRESS
780 West Diversey Parkway, Suite 310, Chicago, IL 60614

PHONE
(312) 555-2200 — Child & Adolescent Psychiatry

FAX / SECURE CONTACT
(312) 555-2202 — HIPAA-secured fax; records@lakesidebh.org

RP RECEIVING PARTIES

4 PARTIES RECEIVING INFORMATION

RECEIVING PARTY 1 — SCHOOL

Ms. Diana Rodriguez, School Counselor — Lincoln Park Magnet High School. 2001 North Orchard Street, Chicago, IL 60614. (312) 555-6100. Bidirectional exchange for 504 Plan coordination.

RECEIVING PARTY 2 — THERAPIST

Ms. Angela Park, LCSW — Outpatient Psychotherapy. 455 West Fullerton Avenue, Suite 210, Chicago, IL 60614. (312) 555-3388. Bidirectional exchange for school-specific CBT coordination.

RECEIVING PARTY 3 — ALGEBRA TEACHER (LIMITED)

Mrs. Patricia Reyes, Algebra II — via Ms. Rodriguez only. Limited to accommodation implementation (extended time, preferential seating). No diagnostic detail.

RELATIONSHIP TO PATIENT

School counselor and classroom teacher (educational team); outpatient therapist (treatment team). All parties are participating in Zara's coordinated care.

IN INFORMATION TO BE DISCLOSED

5 SPECIFIC INFORMATION AUTHORIZED

This consent authorizes disclosure of ONLY the following, specifically limited to what is necessary for care coordination and educational accommodation:

1. **To the school counselor (Ms. Rodriguez):** (a) confirmation of ADHD (inattentive presentation) and generalized anxiety disorder diagnoses relevant to the 504 Plan; (b) specific accommodation recommendations (extended time ×1.5, preferential seating, permission to leave class if anxious); (c) recommendation regarding a reduced AP course load; (d) general treatment status updates relevant to school functioning. NOT authorized: session-by-session psychotherapy content, family history detail, or the self-harm ideation history (see exclusions).
2. **To the therapist (Ms. Angela Park):** (a) complete psychiatric diagnoses and medication regimen (methylphenidate ER 36 mg + IR booster; potential fluoxetine); (b) treatment plan including the school-specific CBT referral and exposure-hierarchy request; (c) safety plan and risk assessment (full clinical exchange — Ms. Park is a treating clinician); (d) standardized measure scores (PHQ-A, GAD-7, Vanderbilt, SCARED).
3. **From the school (to Dr. Johnson):** (a) attendance records; (b) academic performance updates; (c) teacher behavioral observations (Vanderbilt rating scales); (d) 504 Plan documents and accommodation-use reports.
4. **From the therapist (to Dr. Johnson):** (a) therapy progress notes relevant to medication and treatment planning; (b) risk-relevant clinical updates; (c) treatment response to the CBT protocol.

EX EXCLUSIONS / SPECIFICALLY PROTECTED INFORMATION

6 INFORMATION NOT AUTHORIZED FOR DISCLOSURE

- **Self-harm ideation history — NOT disclosed to the school.** The internet-search/self-harm ideation history is expressly EXCLUDED from disclosure to the school (counselor and teacher). Rationale: it is clinically sensitive, is being managed within the treatment team (Dr. Johnson + Ms. Park + family), and is not necessary for educational accommodation. Ms. Park, as a treating clinician, DOES receive it. If an acute safety emergency arises at school, standard emergency-disclosure rules apply independently of this consent.
- **Detailed family history and home dynamics — NOT disclosed to the school.** Family stressors and home information are excluded from all school disclosures.

- **Session-by-session psychotherapy content — NOT disclosed to the school.** Only functional summaries relevant to accommodation are shared with the school.
- **Substance use screening results — NOT disclosed** to any party (screening was negative; not relevant to the coordination purpose).

TM TIME PERIOD / METHOD OF DISCLOSURE

7 DURATION & DELIVERY

7a EFFECTIVE PERIOD

This consent is effective from the date signed (05/06/2026) through the end of the 2026–2027 academic year (June 30, 2027), or until revoked in writing, whichever comes first. It covers the current period of active care coordination during Zara's school avoidance treatment.

7b METHOD OF DISCLOSURE

Bidirectional exchange via: (1) secure email / HIPAA-compliant portal between offices; (2) scheduled care-coordination phone calls (documented); (3) a school-team meeting (Dr. Johnson may participate by phone with parent present). All written exchanges are HIPAA-secured. No disclosure to any party not named above without additional written consent.

7c FREQUENCY

As clinically needed during active treatment, anticipated approximately monthly, with additional contact around the 05/20/2026 follow-up, any medication change, and the family-school meeting regarding AP course load.

RV RIGHT TO REVOKE / CONSEQUENCES / MINOR ASSENT

8 RIGHTS & ACKNOWLEDGEMENTS

- **Right to revoke:** The parent/guardian (Grace Okonkwo) may revoke this consent at any time by submitting written notice to Dr. Johnson's office, except to the extent action has already been taken in reliance on it.
- **No conditioning of treatment:** Zara's psychiatric treatment is NOT conditioned on signing this consent. Declining to consent will not affect the care she receives from Dr. Johnson (though it will limit the office's ability to coordinate with the school and therapist).
- **Redisclosure:** Information disclosed to the school may be subject to FERPA rather than HIPAA once in the educational record; the parent was informed of this distinction. Information disclosed to Ms. Park remains protected under HIPAA.
- **Minor assent:** Zara (age 14) was included in the consent discussion and verbally assented, specifically endorsing the exclusion of her self-harm ideation history from school disclosure. Her assent is documented as a matter of best practice; legal consent rests with her guardian.
- **Copy provided:** A copy of this signed consent was offered and provided to Grace Okonkwo.

SG SIGNATURES

9 CONSENT SIGNATURES

PARENT / GUARDIAN SIGNATURE
[Signed — Grace Okonkwo]

RELATIONSHIP TO PATIENT
Mother / Legal Guardian

PRINTED NAME
Grace Okonkwo

DATE / TIME
05/06/2026 / 5:05 PM

MINOR ASSENT (PATIENT)
[Assent documented — Zara E. Okonkwo, age 14]

ASSENT DATE / TIME
05/06/2026 / 5:05 PM

9a PROVIDER / WITNESS

PROVIDER OBTAINING CONSENT
Amara Johnson, MD — Child & Adolescent Psychiatry

WITNESS / STAFF NAME
Renee Coleman — Clinical Coordinator, Lakeside Behavioral Health

IDENTITY VERIFIED
YES — parent photo ID confirmed; patient identity confirmed via chart

DATE / TIME
05/06/2026 / 5:08 PM

PARENT / GUARDIAN SIGN-OFF

PARENT / LEGAL GUARDIAN	RELATIONSHIP	ON BEHALF OF	DATE	TIME
Grace Okonkwo	Mother / Guardian	Zara E. Okonkwo (minor)	05/06/2026	5:05 PM