



## SCHOOL-BASED HEALTH CENTER REFERRAL FORM

The UNMMG SBHC must operate under specific confidentiality laws pertaining to the delivery of certain health care services. Although SBHC personnel strongly encourage discussion between the student and parent/guardian regarding these services, parental consent is not required for, and shall not bar children regardless of age from receiving the following services:

- 1. Sexually transmitted disease examination and treatment (NMSA 24-1-19).
- 2. Examination, diagnosis and treatment for pregnancy (NMSA 24-1-13).
- 3. Family planning services should be readily accessible to all who want and need them (NMSA 24-8-5).
- 4. Individual or group psychotherapy or any other forms of verbal therapy that does not include adverse stimuli or substantial deprivations. This does not include electroconvulsive therapy or psychotropic medications. Initial psychotherapy assessment and early intervention services will NOT extend beyond a two week period for children under the age of 14 years old without parental consent (NM 32A-6-14).

Date: _	/ School:		-
Referring	Person name & phone number:		<del></del>
Student N	Name & phone number:	DOB:	Grade
Student p	orimary language:	Preferred Pronoun:	
Parent/g	uardian name & ph. number:	Pri	mary language:
**The stu	udent has been notified and is in agre	· · · · · · · · · · · · · · · · · · ·	
Did you n	notify the student's parent/guardian ab		rson signature required  No
For SI ha	dance Grades Conflict with peers as APS protocol been completed? Yes [cplain the problem]		
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