



CONSENT FOR COMPREHENSIVE HEALTH EVALUATION FOR CHILDREN (CHEC)

The CARES Institute, a program within the Rowan-Virtua School of Osteopathic Medicine (Rowan-Virtua SOM), is committed to providing quality care to children and their families.

I hereby authorize _____ to receive a Comprehensive Health Evaluation for Children (CHEC) at the CARES Institute.

The CHEC may consist of a mental health and substance use screening, a developmental evaluation, and/or a comprehensive physical examination. The evaluation will take approximately 5 to 8 hours, depending on age. After this evaluation, the legal guardian/custodian will receive a summary of findings and specific recommendations to aid in planning for the child's care.

I understand that this evaluation may be conducted via telehealth. Potential benefits of a telehealth visit include the ability to provide care without in-person contact, flexibility in scheduling, and convenient location (for example, the resource home). In addition, youth may be particularly comfortable with telehealth given they often communicate via on-line/electronic means. Potential risks of a telehealth visit include that confidentiality may be more difficult to ensure, and technological difficulties may occur that interrupt or even prevent the appointment. Further, the complete CHEC evaluation cannot be conducted via telehealth. That is, the medical evaluation will consist primarily of history taking and can only provide preliminary, partial information, and the mental health screening will not include all assessment measures typically used in a CHEC mental health screening. I understand these risks and benefits and give my consent for a telehealth visit.

I understand that the medical portion of the evaluation may be performed by a physician or an advanced practice nurse, licensed in the State of New Jersey.

I understand that the mental health and developmental portions of the evaluation, which consists of screening tools, may be performed by a mental health provider(s) as permitted by New Jersey State law. As stated by the law, the mental health provider may include the following: (As indicated below)

- ☐ Individual who is a psychologist licensed in New Jersey
- ☐ Individual who has been granted permission by the State of New Jersey to independently provide mental health services while awaiting licensure. This individual is a permit holder, not a licensed psychologist. Of note, third party payors may not necessarily reimburse services rendered by a person not licensed by the Psychology Board, even though supervised by a licensed psychologist.
- ☐ Postdoctoral appointee/supervised permit holder, who is providing mental health services under the direct supervision of a psychologist licensed in New Jersey. The postdoctoral appointee/supervised permit holder is not a licensed psychologist. Of note, third party payors may not necessarily reimburse services rendered by a person not licensed by the Psychology Board, even though supervised by a licensed psychologist.

The CARES Institute maintains written and computerized records about the child that will be kept confidential to the extent permitted by law. In limited situations, the CARES Institute may be required to release medical/mental health information, without my consent, as follows: (i) if emergency treatment is required; (ii) to prevent a serious or imminent threat to my/the child's health and safety, or the health and safety of another person(s)/the public; (iii) as required by New Jersey or Federal laws such as to the NJ Abuse Hotline, Medicare, Medicaid, Inspector General's office and reporting communicable diseases, neglect, or abuse; (iv) as directed by a court order signed by a judge. The CARES

Institute may also disclose health information to bill and receive payment for treatment and services received, or if required by a court or administrative agency such as the Division of Child Protection and Permanency (CP&P).

If I have any questions, I understand that I may contact a CHEC staff member at (856) 566-6799.

Calls received after business hours are forwarded to the CARES Institute answering service where I can leave a message for CHEC staff. However, I do understand that the CARES Institute is not my/the child’s primary care provider and does not have a 24-hour crisis response team. If I/the child need immediate assistance or is in immediate danger, I understand that I should contact the primary care provider, 9-1-1 or, for mental health emergencies, the local crisis center.

Information about the child from the medical and mental health assessments may be shared with the caregiver/resource parent. I hereby authorize the medical portion of the CHEC report to be released to medical providers for the purposes of subsequent diagnosis and treatment of the child. The CHEC medical provider is also authorized to access any medical evaluations or reports pertaining to any prior abuse or neglect medical evaluations. This authorization is valid for one year from the date of this authorization.

Signature of Legal Guardian/Custodian of Client

Date

Signature of Child (14 years of age or older)

Date

Witness

Date

A photocopy or fax copy of this form is valid as the original. Electronic signatures are acceptable.

Revised 9/08/2026