

CONSENT FOR COMPREHENSIVE HEALTH EVALUATION FOR CHILDREN (CHEC)

The CARES Institute (formerly the Center for Children's Support), a program within the Rowan University School of Osteopathic Medicine (Rowan SOM), is committed to providing quality care to children and their families.

As the legal guardian/custodian of _____, I hereby authorize this child to receive a Comprehensive Health Evaluation for Children (CHEC) through the CARES Institute.

The CHEC may consist of a mental health and substance abuse 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.
- ☐ Post-doctoral appointee/supervised permit holder, who is providing mental health services under the direct supervision of a psychologist licensed in New Jersey. The post-doctoral 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. New Jersey State Law requires the Institute to release information under certain circumstances including the following:

1. a reasonable suspicion of child abuse or neglect reported to the Division of Child Protection and Permanency (CP&P).
2. in response to a Court Order signed by a judge or as required by Law.
3. serious threats to self or others reported to the appropriate authorities.

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 the child's primary care provider and does not have a 24-hour crisis response team. If I need immediate assistance or the child is in immediate danger, I understand that I should contact the child's primary care provider, local emergency room 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 Client (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 09/27/2022