

**LE MONDE FRENCH IMMERSION PUBLIC CHARTER SCHOOL (Le Monde)  
CONSENT TO ASSISTANCE**

Here is some important information you should know BEFORE we begin to work with your student.

C. David Maxey, MA, our Director of Student Support, will be working with your student as a Psychologist Associate Resident. He will be working under the supervision of Daniel J. Munoz, PhD, Psychologist Supervisor. Our Director of Student Support works with your student as an employee of Le Monde at no cost to you. Where appropriate and as needed, he will refer you to special services offered by Portland Public School.

David will work with you and your student to meet your student's specific needs, which may include assessment, testing, or working with your student in a group of students. It is a collaborative process that is provided without a guarantee of satisfaction or results. You retain the right to request changes in approach or to end services at any time. Any information you provide may be discussed with David's supervisor.

**CONFIDENTIALITY:** The privacy of your student is important to us. Information shared with the Director of Student Support, Le Monde staff and the Director of Student Support's off-site supervisor is confidential. The school maintains a file to record the services that are provided. We and the Director of Student Support's supervisor will maintain your student's file, which eventually may be stored at Portland Public School's storage system. Information from that file can be shared with other professionals/agencies/individuals **ONLY** with your **WRITTEN** consent by signing a release to disclose confidential information. Please be conservative and circumspect when requesting release of information. This is to protect your child/family's privacy now and into the future as your child ages. Please be aware that the record we release may be released by other providers/agencies. The Release to Disclose Confidential Information form requires specifying **WHAT** information is to be shared, **WHO** shall receive it, for **WHAT** purpose and the **DATES** of the confidential information. In Oregon, the age of consent for treatment and release of mental health records is 14 years of age. The signature of patients 14 years or older is required to release the information in the treatment record. With written permission, we can communicate with other professionals on your behalf via phone or email and provide evaluation reports and/or a summary of treatment. We do not generally release chart notes or test protocols. If under a special circumstance, release of additional information is requested, this will be reviewed after conferring with the student/family members and the requesting individual. There may be charges for photocopying and mailing records. In the case of divorce, both parents have equal access to the information in the chart of a child under the age of 14. If consultation with other professionals on your behalf is necessary, your anonymity will be preserved.

In his role, David may act as a therapist and respects the rights of a student and parent to have particular information remain private between he and them. If you have concerns about this, let David know and a comfortable arrangement can be reached which allows care to progress, yet respects the rights of individuals. Please advise us in writing if you wish to be contacted only in a particular way or only at particular phone numbers. There are several situations in which the law requires us to make exceptions to the confidentiality of communications between you and Le Monde employees. These situations are:

- when there is suspected child, elder, or disabled abuse
- when there is threat of harm to self or others
- when medically relevant information is needed for emergency medical treatment
- when records are subpoenaed by order of a Judge, or if you waive confidentiality
- when conducted at the request of an outside agency with your approval

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND I CONSENT TO CARE. BY FURNISHING MY EMAIL ADDRESS, I CONSENT TO THE USE OF EMAIL TO COMMUNICATE.**

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**Student's Name** **Student's Date of Birth**

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**Printed Name of Parent or Guardian** **email of Parent or Guardian**

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**Signature of Parent or Guardian** **Relationship to Student** **Date**

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**Le Monde's Director of Student Support** **Date**

**RELEASE TO DISCLOSE CONFIDENTIAL INFORMATION**

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**Student's Name**

**Student's Date of Birth**

**I authorize Le Monde French Immersion Public Charter School (Le Monde) to exchange information with Daniel J. Munoz, PhD, Psychologist Supervisor for the purpose of supervision.**

This authorization will expire at the end of the period reasonably needed to complete the disclosure for the above-described purpose. You have the right to revoke this Authorization at any time in writing to the Director of Student Support. Identify the date you signed the Authorization, the recipient of the information identified, and state that you are revoking the Authorization. We cannot take back uses or reverse disclosures already made with your permission.

I have reviewed and I understand this Authorization. By signing this, I understand that I am directing you to disclose information to and receive information from a person or organization that may not have or obey the same obligations to protect privacy under state and federal law. The disclosure of the information specified above carries with it the potential of an unauthorized re-disclosure and loss of protection under state and federal law.

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**Signature of Student (ages 14 years and older)**

**Date**

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**Signature of Parent or Guardian**

**Date**

**LE MONDE FRENCH IMMERSION PUBLIC CHARTER SCHOOL (Le Monde)  
ACKNOWLEDGEMENT AND CONSENT REGARDING PRIVACY PRACTICES**

I understand that Le Monde French Immersion Public Charter School (Le Monde) holds health information about my student. I understand that the health information may include information both created and received by the school, may be in the form of written or electronic records or spoken words, and may include information about my student's mental health/health history, mental health/health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of mental health/health-related information.

I understand and agree that Le Monde may use and disclose my mental health/health information in order to:

- Make decisions about and plan for my student's success at school.
- Refer to, consult with, coordinate among, and manage along with other mental health/health care providers for my student's care.

I also understand that I have the right to request and review a description of how Le Monde will handle mental health/health information about me. This description is known as a Notice of Privacy Practices describes the uses and disclosures of mental health/health information made and the information practices followed by Le Monde, as well as my rights regarding my student's mental health/health information.

I understand that the Notice of Privacy Practices may be revised from time to time, and that I am entitled to receive a written copy of any revised Notice of Privacy Practices. I also understand that a copy or a summary of the most current version of Le Monde's Notice of Privacy Practices in effect is available in written form upon request.

I understand that I have the right to ask that some or all of my student's health information not be used or disclosed in the manner described in the Notice of Privacy Practices, and I understand that Le Monde is not required by law to agree to such requests.

**By signing below, I agree that I have reviewed and understand the information above and that I reviewed the Notice of Privacy Practices in written form.**

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**Student's Name** **Student's Date of Birth**

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**Signature of Student (ages 14 years and older)** **Date**

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**Signature of Parent or Guardian** **Relationship to Student** **Date**