



**GISD – LSCC CAMPUS CLINIC GENERAL CONSENT FOR TREATMENT**

Student’s Full Name: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_  
Last Name MI First Name Month Day Year

In cooperation with Georgetown Independent School District (GISD), Lone Star Circle of Care (LSCC) is offering health services on site at Richarte High School to GISD students after completion of this consent form. Parents, guardians, family members of students, GISD staff, and family members of GISD staff may also receive services after completing a separate consent form available at the LSCC clinic at Richarte High School.

**Services Offered**

Services include diagnosis and treatment of illness and injury, behavioral health counseling and referrals, follow-up and potential referral for serious illness or injury. Services may also include, but are not limited to:

- chronic illness management (diabetes, asthma, etc.)
- athletic physicals
- preventive health visits (including well checks, depending on vaccine availability)
- lab services and diagnostic testing
- medical screenings (blood pressure, hearing, vision, scoliosis, etc.)
- nutritional health education and counseling

**Understanding Our Program**

By signing this Consent for Treatment, you understand and agree that:

- LSCC and its affiliated providers may provide services of the type listed above to your child.
- These services may be provided at Richarte High School or at any other LSCC location, and you may schedule appointments for your child at any LSCC location.
- LSCC may maintain an electronic health record for your child.
- LSCC may coordinate health activities for your child with other providers.
- Certain procedures may require you to sign separate, more specific consent forms.
- For services provided to children under 15, LSCC will notify you before providing services to your child and encourage you to attend.
- LSCC services are provided by and are the sole responsibility of LSCC, not GISD.
- LSCC does not provide emergency medical care; your child will need to visit a facility equipped to treat medical emergencies if there is a medical emergency.

**Behavioral Health Services**

Before your child can receive mental health counseling or referral, you must provide your consent below.

\_\_\_\_\_ My child may receive behavioral health services and referrals provided by LSCC.  
Initials

**Reproductive Health / Family Planning Services**

Before your child may receive reproductive health and family planning services (including contraception or birth control), you must provide your consent below.

\_\_\_\_\_ My child may receive reproductive health and family planning services, including contraception.  
Initials

**Acknowledgements**

- I acknowledge that I am the custodial parent or legal guardian of the minor child named above.
- I acknowledge that I have reviewed the LSCC Notice of Privacy Practices available at <https://lonestarcare.org/patients/patient-rights/privacy/>.
- I understand that if an LSCC staff member is exposed to my child’s blood or bodily fluids, then my child’s blood will be tested for bloodborne infection, including HIV.
- I authorize and direct LSCC to bill and collect payment from any insurance or other third-party payer that covers the services provided to my child. I acknowledge that LSCC will provide me with information about referrals or further treatment advised by the LSCC health care provider.
- I understand and agree that I may receive a bill for applicable charges and co-payments.
- Students and other patients who are new to Lone Star Circle of Care will need to separately complete additional forms available at <https://lonestarcare.org/patients/medical-records-forms/patient-forms/>. These forms may also be completed using the OTech uStart pre-checkin process that will be emailed to the patient after scheduling the first appointment.

**STATEMENT: I have read and understand the rights and conditions described in this document. This consent form remains effective for one year from the date signed, or until I revoke my consent in writing.**

\_\_\_\_\_  
Name of Parent/Legal Guardian (*Please Print*)

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date