



**Child
Abuse
Research
Education &
Service**

CONSENT FOR COMPREHENSIVE HEALTH EVALUATION FOR CHILDREN (CHEC)

The NJ CARES Institute (formerly the Center for Children's Support), a program within the University of Medicine & Dentistry of New Jersey-School of Osteopathic Medicine (UMDNJ-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) at the NJ CARES Institute.

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

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.
- 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.

The NJ 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 Youth and Family Services (DYFS).
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 NJ CARES Institute answering service where I can leave a message for CHEC staff. However, I do understand that the NJ 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 Steininger Crisis Center at (856) 428-4357.

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.