

Parental Notice for Health Care Services

Your child has been placed in the legal custody of the Utah Division of Juvenile Justice and Youth Services (JJYS) because of an arrest, warrant or court order. While your child is in JJYS custody, JJYS has a legal obligation to arrange and provide for health care services and medication management for your child. This document outlines and informs you of the rights and responsibilities of both JJYS and you, as the parent or guardian.

Legal Authority and Notice

Utah law requires JJYS provide for the care and custody of your child, which includes providing medical care. JJYS will make most medical decisions for your child; this includes decisions around “ordinary” medical care. JJYS also has the right, in an emergency, to authorize surgery or other extraordinary medical care.

JJYS will make all reasonable efforts to inform you, as the parent or guardian, of updated medical, psychological, and dental records and procedures. In the case of an emergency, JJYS will make all reasonable attempts to contact you. However, JJYS reserves the right to make emergency medical decisions on behalf of your child.

As a parent or legal guardian, you have the right to consent to **major** medical, surgical, or psychiatric treatment. You also have the right to revoke consent for major medical, surgical, or psychiatric treatment at any time as described below.

Services Provided

All youth in the custody of JJYS are entitled to receive a nursing assessment within 48 hours of intake. Additional health care may be required based on an initial assessment and diagnosis. Appropriate treatment will be provided if deemed necessary by health care personnel contracted or employed by JJYS to provide these services. Health care services vary by facility and the length of time a youth stays in a facility. Services may include:

- Dental care for cavities and other treatable issues (orthodontic care is not provided).
- Vision care for eyeglasses.
- Medical care for acute and chronic illnesses: such as asthma, acne, hypertension, diabetes, minor injuries, headaches, stomach aches, flu, cough, cold and many others.
- Behavioral health care for or assessment of: emotional, behavioral or eating disorders; psychosis, self-harm, suicidal or risk-taking behaviors, inattention, neuropsychological impairments.

Confidentiality of Records and Information

During your child’s stay, JJYS will gather and receive private and confidential information related to the care, custody, and medical treatment of your child. This information is protected by various privacy laws. **JJYS is committed to maintaining confidentiality and privacy in accordance with applicable rules, policies, and laws.** Please refer to the JJYS Privacy Notice for additional information. Records and documents produced by JJYS, or its contracted providers, are the property of JJYS. You may request, on behalf of your child, medical, dental, and other records as provided by law or may request these documents be shared to providers

outside of JJYS. You will be provided with general information about your child's treatment. Certain information your child discloses may not be shared with you if such disclosure would put your child at risk or in immediate danger of harm.

I understand all discussions and records are confidential to the extent permitted by law. Information regarding my child's treatment and conversations with the JJYS personnel will not be shared with others outside of the care relationship without my consent, except as required or permitted by law. My child's health care provider may obtain confidential information and provide confidential consultation and supervision as necessary while my child is in the custody of the JJYS. There are some situations when JJYS would be permitted or required by law to disclose health care information without consent; including, but not limited to the following:

1. Information may be disclosed to other individuals employed by JJYS or contracted by JJYS when and to the extent necessary to facilitate the delivery of professional services to your child;
2. Health information may be disclosed, on an emergency basis, to certain individuals if the clinician believes that such disclosure is necessary to initiate or seek emergency hospitalization of the child;
3. Information may be disclosed to comply with the laws regarding the reporting of sexual abuse and neglect or exploitation of another; or
4. Information may be disclosed to comply with laws regarding duty to warn regarding the reporting of an intention or plan to harm or kill someone or if your child is in imminent danger of harming themselves.

Medication

During the treatment, I understand that a provider may prescribe medications for my child. I understand, as discussed above, medications prescribed during ordinary care do not require my consent. However, I have the right to be informed of medication prescriptions, dosages, and plans. I have the right to be informed of any changes in medication. JJYS will make all reasonable efforts to inform me of medication plans and alterations to those plans.

Continuum of Care

Health care treatment consists of diagnostic services and medication management. Many treatment routines that are initiated while a youth is in JJYS custody should be continued upon discharge. This may include care of chronic problems, including, but not limited to: hypertension, diabetes, and behavioral health disorders such as anxiety and depression. It is recommended that you seek ongoing treatment when your child is no longer in the care and custody of JJYS.

Acknowledgement

- I have read this description of services and understand and consent to the stated policies.
- I have been provided with a copy of the JJYS Privacy Notice.
- I understand I have an opportunity to discuss my questions regarding the health care treatment of my child with JJYS.
- I understand that there are potential risks and benefits associated with treatment.
- I have the right to participate in the decisions about the treatment my child will receive.
- I understand prior to major medical, surgical, or psychiatric treatment, JJYS will contact me to obtain oral consent.
- In the event of an emergency, I understand JJYS has the authority to consent to major medical, surgical, or psychiatric treatment of my child.
- I have a right to refuse major medical, surgical, or psychiatric treatment services and revoke consent for such treatment at any time. A revocation of consent for major treatment must be made in writing and provided to my child's case manager or facility supervisor.
- I understand the policies surrounding health care treatment of my child as provided by the Division of Juvenile Justice and Youth Services and all contracted health care personnel and entities.
- I understand my rights and responsibilities under the law and as described in this document.

By signing my name below, I acknowledge that I have read this document and received a copy of the JJYS Privacy Notice. I also acknowledge that I understand the health care treatment policy as described.

Printed Name of Parent or Custodian: _____

Parent or Custodian's Signature: _____

Date: _____

JJYS Witness Printed Name: _____

JJYS Witness Signature: _____

Date: _____