



**Wachusett Regional School District**  
*Holden, Paxton, Princeton, Rutland, Sterling*

**SBIRT Parent Opt-Out Form**

If you **AGREE** to the following you do **NOT** need to complete this form.

I agree to authorize Wachusett Regional High School to disclose to the Department of Public Health (DPH) the following information: My child's responses to eight questions as related to their use/no use of alcohol and/or drugs. NOTE: Only students' responses (in aggregate form) will be submitted. **NO STUDENT NAMES** will be submitted to the DPH.

I understand that in order to receive evaluation and treatment, my child's SBIRT screening information must be disclosed using a DPH secured portal. I understand that the result of my child's verbal substance use screening conducted in school is protected under Massachusetts General Law Chapter 71, Section 97 (c) and cannot be disclosed without my written consent unless otherwise provided for by the regulations. In addition all alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Student Records, 42 C.F.R. Part 2, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for by the regulation.

**If you wish to OPT OUT** and not have your child participate in the SBIRT screening, please **complete the bottom section of this form and return it to the WRHS school counseling office by Friday, November 22, 2019.**

As is my right, I wish to opt out my son/daughter, \_\_\_\_\_ (*please neatly print*) from participation in the proposed drug and alcohol screening.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent (please print)

Central Administrative Offices  
1745 Main Street  
Jefferson, MA 01522  
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