

****CONFIDENTIAL****

Substance Abuse Intervention Referral

1. Complete this form and fold it in half or place it in an envelope.
2. Return it to:
 - a. Sandra Olson-Counseling-Room 131
 - b. Debbie Mehaffey-she will place it in a confidential folder
3. For additional questions call X6013 or stop by my office.

*****Please do not email student referrals/information*****

Staff Name (or Employee ID number): _____

Student Name: _____

Reason for Referral: _____

Does the student know about the referral? YES___ NO___

Did a parent request the referral? YES___ NO___

May your name be used? YES___ NO___

Thank you for your care and concern for our students. Please be advised: due to Federal Confidentiality Statute (42 CFR Part 2), HIPPA and FERPA regulations further disclosure of student information may be prohibited.