

## Screening Opt-Out Form

Administered by the TeenHope Program with Samaritan Center in Lancaster, Pennsylvania

I understand that my child is invited to participate in the TeenHope program as described in the letter from the school. I understand that as a parent, I cannot access the results of the screening unless my student signs a consent form. **My signature below certifies that I wish to have my student opted out of this screening.**

I understand that the screening involves the completion of a short questionnaire about signs and symptoms of depression, anxiety, and thoughts of suicidal ideation. Blank copies of the screening tools (PHQ-9 and GAD-7) are available on the TeenHope website. I also understand that all screening results are kept confidential.

I realize that I have the right to inquire about the process of this screening by contacting the school for further information.

Please see the TeenHope disclaimer. This process is not a diagnosis and is not to be used as a medically accurate diagnosis. Students may request a copy of their screening up to 2-weeks after their screening date. After this date, personal identifying information is destroyed and the screenings are kept de-identified for general data purposes. This screening is meant to identify signs and symptoms of anxiety, depression, and thoughts of suicidal ideation. Along with the identification of these signs and symptoms, education and resources are provided as part of this process.

Link to our resources and copies of our screening tools below:

<https://scclanc.org/mental-health-wellness/teenhope>.

\_\_\_\_\_ I WISH TO HAVE MY STUDENT OPT-OUT OF THIS SCREENING.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

Student Name (please print)

Student Grade

Date: \_\_\_\_\_

RETURN TO \_\_\_\_\_, anytime between now and \_\_\_\_\_.