



# Student Mental Health and Wellness Branch

## Accessing Telemental Health Referral through Parent Portal

November 12, 2024

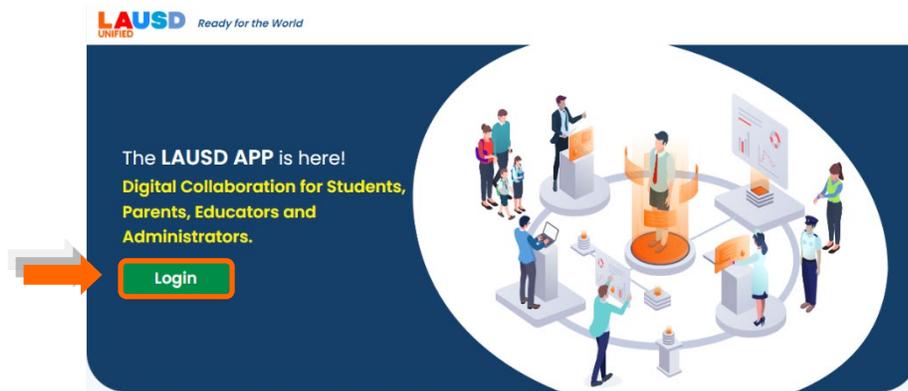
**"For this document "Parent" refers to the parent, legal guardian, or educational rights holder."**

### PURPOSE

This job aid will provide step by step guidance on how to consent to release information for Telemental health At-Home or At-School services.

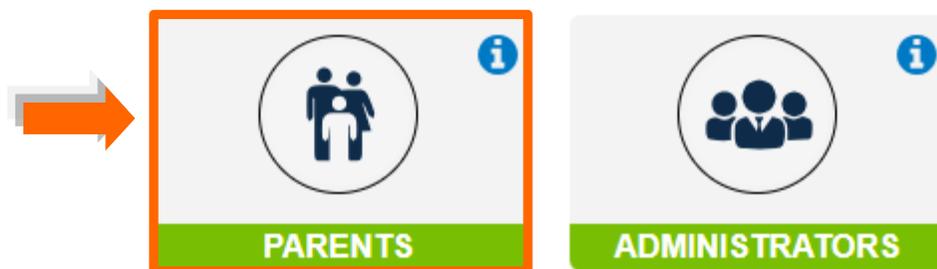
### LOGIN

1. Log into Parent Portal at <https://lausdapp.lausd.net> and click on the **LOGIN** button



2. Select role: **PARENTS**

SELECT YOUR ROLE BELOW TO LOGIN





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3. Enter **email** and **password**, click on the box “I’m not a robot,” and click on **Login**.

For assistance with Parent Portal visit <https://www.lausd.org/Page/19142>

### NOTE: LANGUAGE SELECTION

Once in the platform, parents can change the display language to their preferred language by clicking on the **Quick Settings Icon** located on the top right corner of the screen. After selecting the preferred language, click on **SAVE** to reflect the choice selection.

For resources in other languages on how to access parent portal visit:

<https://www.lausd.org/Page/19142>



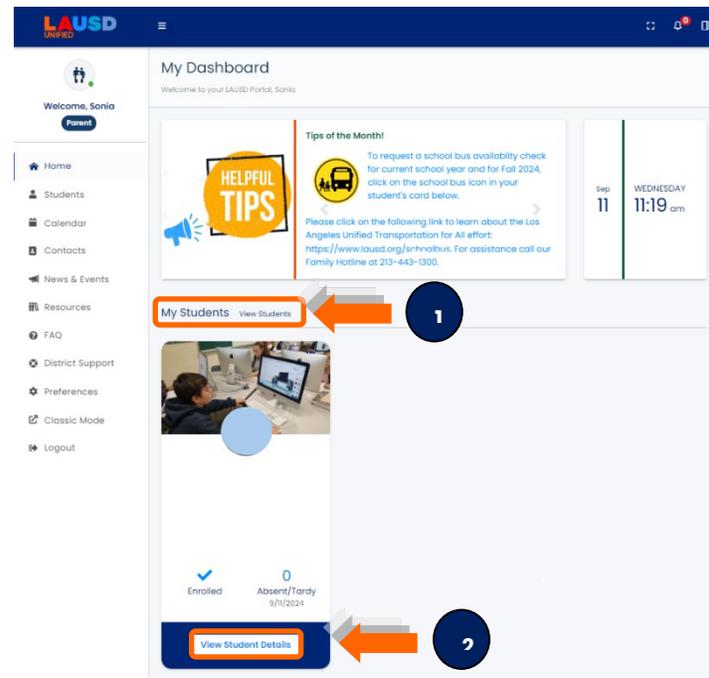
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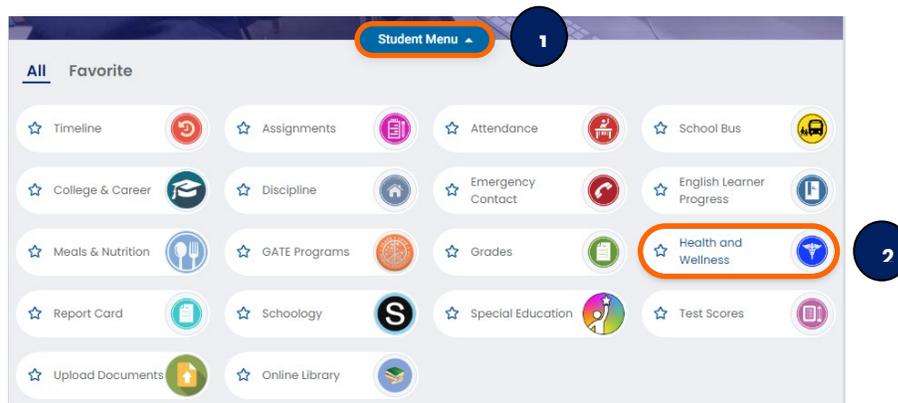
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### PROCEDURE

1. On the dashboard, go to the section **“My Students”** and click on **“View Student Details”** under the student for which you would like to submit a telemental health referral.



2. Click on **Student Menu** to display the options, and then click on **Health and Wellness**



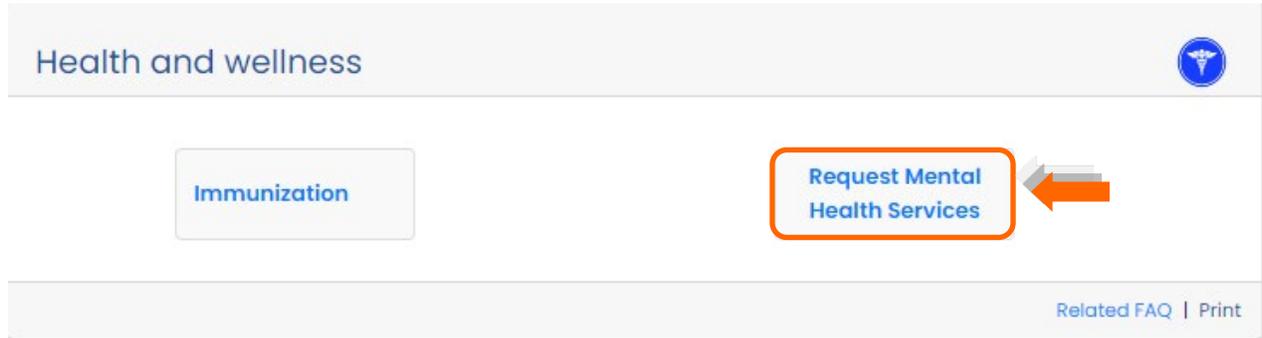


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### 3. Click on “Request Mental Health Services”



### 4. Read the Student Health Consent Form.

**Student Health Consent**

Parent/Guardian Authorization for Release/Exchange of Information Hazel Health offers Telemental health services to students of the Los Angeles Unified School District (LAUSD). Telemental health involves the utilization of telecommunications or videoconferencing technology to provide mental health services. This document initiates the process of connecting with Hazel Health for services for your child. By signing this document, you are authorizing the release and exchange of pre-identified data between the LAUSD and Hazel Health. I understand the following information will be shared about my child as entered into MISIS with authorized Hazel Health representatives:

- Student Legal Name (First and Last)
- Student Date of Birth
- Student Gender
- Grade
- School Name
- Parent Phone Number
- Parent Email

I hereby give my permission to release/exchange the information described above. It is important to note that any information shared shall be handled in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and applicable state confidentiality and privacy laws. I further understand that whether my child participates in these services or not, it will not affect my child's participation in other educational programs or services offered by the District.

I consent to share data for my students below:

Student Name	Consent	Date
	<input type="radio"/> Yes <input type="radio"/> No	

Parent Name \*   Phone Number \*  Date \*



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5. After reading the Student Health Consent, select **Yes** under **Consent** and enter name under **Parent Name** and **Phone Number**. The date will be added automatically.

**Student Health Consent**

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I consent to share data for my students below:

Student Name	Consent	Date
-	<input checked="" type="radio"/> Yes <input type="radio"/> No	2024-09-11 19:06:03

Parent Name \*  Phone Number \*  Date \*

6. After adding requested information, click **Submit**.

Student Name	Consent	Date
-	<input checked="" type="radio"/> Yes <input type="radio"/> No	2024-09-11 19:06:03

Parent Name \*  Phone Number \*  Date \*



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7. A message will appear confirming that the Student Health Consent has been saved.



8. A confirmation email will be sent to the email address of the parent that submitted the request.

From: [noreply@lausd.net](mailto:noreply@lausd.net)  
Date: 9/11/24 12:06 PM (GMT-08:00)  
To: [parentemail@gmail.com](mailto:parentemail@gmail.com)  
Subject: LAUSD Mental Health Release of Information

Dear Parent Name

This email is to confirm that you have agreed to release the following information for your student to LAUSD's partner providing mental health services.

- Student Legal Name (First and Last)
- Student Date of Birth
- Student Gender
- Grade
- School Name
- Parent Phone Number
- Parent Email

If you did not authorize this release, please change your LAUSD Parent Portal password immediately and contact LAUSD's Help Desk (213) 241-5200.

Thank you,  
Los Angeles Unified School District



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9. The parent that submitted the Student Health Consent will receive a Welcome Email from the telemental health provider outlining the next steps.

Sender name: Paris @ Hazel Health  
SL: Welcome to Hazel  
Reply-to address: no-reply@hello.hazel.co

Hi (Guardian\_first\_name),

Welcome to Hazel Health! Thank you for starting the process towards connecting your student with mental health services. Through our partnership with LAUSD, students have access to 1-on-1 virtual counseling sessions with our licensed therapists. Services are **100% free** and **optional** for families.

At Hazel, we've been helping students who are feeling anxious or withdrawn, struggling in school, having difficulty socializing, and so much more — and **we want to make sure you know we're here for you**. In therapy, students can gain skills in communication, confidence building, and developing coping to manage difficult emotions — skills to succeed both in the classroom and in life. In fact, 79% of students used Hazel's program [see improvements](#) after 6 therapy sessions.

How it works:

- Submit a referral by clicking on the following link and schedule an intake to match your child with a therapist: [Request Teletherapy](#)
- Weekly video sessions are confidential and tailored to your child's goals
- Fast and easy sign-up process - short waiting lists or eligibility screenings
- Convenient virtual appointments, with evening appointments available - no need to miss work or commute

Have more questions? Please see our [frequently asked questions](#).

Click here to get started: [Request Teletherapy](#)

Here's to your child's health!

Paris Corredera Carroll  
VP, Mental Health Clinical Services  
Hazel Health