

Accessing Telemental Health Referral through Parent Portal

### "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 <u>https://www.lausd.org/Page/19142</u>

	PARENT	×
	User Name * Your email address Password * Password	<ul> <li>Username is the email address you used for account registration.</li> <li>Session times out after 60 minutes.</li> <li>If you'd like to change the email address associated with your account, please sign in using old email</li> </ul>
2	I'm not a robot	address. Account edits can be made once you logged in successfully.
	Forgot Password?     Register       Cancel     Login	3

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

	=		с: Ф <sup>0</sup> 🛛	
A Home	My Dashboard		¦↓† Quick Settings	
Students	Welcome to your LAUSD Portal, Sonic	1		
🗎 Calendar		Tips of the Month!	Español	
Contacts		We have made many changes to school meals, inclu serving multiple choices daily, adding new menu iter	Italiano	
< News & Events	HELPFUL	hosting school food-tasting events, and holding ven	○ 한국어	
🕅 Resources	HPS	the attached survey to provide your input on school meals so that we can continue to improve them.	<ul> <li>Яшјեрեს</li> <li>Русский</li> </ul>	
PAQ FAQ		Food Service Division	Wikang Tagalog	
District Support		Parent Survey: https://forms.office.com/r/CgNqcAkRi	<ul> <li>○ Tiếng Việt</li> <li>○ 中文</li> </ul>	
Preferences	My Students View Students		Save Cancel	
🗹 Classic Mode			Tour Guide	
🕒 Logout	T. Per		Onboarding 💭	

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November 12, 2024

## 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.

		Ξ		c 4 <mark>0</mark> 0
,	ti . Welcome, Sonia	My Dashboard Welcome to your LASED Partice Sonio		
	Parent	Tips of the Month!		
*	Home	for current school year and for Fall 2024,		
4	Students	Click on the school bus icon in your student's card below.	Sep 11	WEDNESDAY
=	Calendar	Please click on the following link to learn about the Los Angeles Unified Transportation for All effort:		in o un
8	Contacts	https://www.lausd.org/schoolbus, For assistance call our Family Hotline at 213-443-1300.		
-	News & Events		_	
in i	Resources	My Students View Students		
0	FAQ			
0	District Support	- City - T		
\$	Preferences			
R.	Classic Mode			
64	Logout			
		Enrolled Absent/Tardy		
		of inf to See		
		View Student Details		

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"

Health and wellness	<b>(</b>
Immunization	Request Mental Health Services
	Related FAQ   Print

4. Read the Student Health Consent Form.

Student Health Co	onsent		7
Parent/Guardian Authorizati to students of the Los Angele telecommunications or vide the process of connecting w authorizing the release and following information will be representatives:	on for Release/Exchange of informati se Unlifed School District (LAUSD). Tele conferencing technology to provide tith Hazel Health for services for your exchange of pre-identified data betw shared about my child as entered in	on Hazel Health offers Telemental health services mental health involves the utilization of mental health services. This document initiates shild. By signing this document, you are even the LAUSD and Hazel Health. I understand the to MISIS with authorized Hazel Health	
<ul> <li>Student Legal Name</li> </ul>	(First and Last)		
Student Date of Birth	1		
Student Gender			
Grade			
School Name			
Parent Phone Numb	er		
Parent Email			
I hereby give my permission information shared shall be (FERPA) and applicable stat participates in these service services offered by the Distri	to release/exchange the information handled in compliance with the Fam e confidentiality and privacy laws. I fu is or not, it will not affect my child's po ict.	described above. It is important to note that any ly Educational Rights and Privacy Act of 1974 rther understand that whether my child rticipation in other educational programs or	
I consent to share data for n	ny students below:		
Student Name	Consent	Date	
	○ Yes ○ No		
Parent Name *	Phone Number *	Date *	
		C, torit	

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 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.

Parent/Guardian Authoriz	ation for Release/Exchange of Info	rmation Hazel Health offers Telemental health serv
to students of the Los Ang	eles Unified School District (LAUSD)	). Telemental health involves the utilization of
telecommunications or vi	deoconferencing technology to pro with Hazel Health for services for y	ovide mental health services. This document initia
authorizing the release ar	d exchange of pre-identified data	between the LAUSD and Hazel Health. I understan
following information will	be shared about my child as enter	ed into MiSiS with authorized Hazel Health
representatives:		
<ul> <li>Student Legal Nar</li> </ul>	ne (First and Last)	
Student Date of Bi	rth	
Student Gender		
Grade		
School Name		
Parent Phone Nun	nber	
Parent Email		
I hereby give my permissi	on to release/exchange the inform	nation described above. It is important to note that
information shared shall t	e handled in compliance with the	Family Educational Rights and Privacy Act of 1974
(FERPA) and applicable st	ate confidentiality and privacy law	is. I further understand that whether my child
participates in these servi services offered by the Dis	ces or not, it will not affect my child strict	3's participation in other educational programs or
	r my students below:	
l consent to share data fo		
I consent to share data fo	Concent	Derto
l consent to share data fo Student Name	Consent	Date
Student Name	Consent	Date 2024-09-11 19:06:03
Student Name	Consent	Date 2024-09-11 19:06:03
Student Name	Consent	Date 2024-09-11 19:06:03 Date *

6. After adding requested information, click Submit.

Student Name	Consent	Date	
	• Yes 🔿 No	2024-09-11 19:06:03	
Parent Name * Enter Name Here	Phone Number * (213) 123-4567	Date * 10/09/2024	
Cancel		Submit	

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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: <u>norepty@tausd.net</u>
Date of the factor in (or in control of factor)
Subject: I Al ISD 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 partne
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.

Sende SL: W Reply	ar name: Paris @ Hazel Health elcome to Hazel -to address: no-reply@hello.hazel.co
Hi {G	uardian_first_name},
Welco with r on-1 v optio	ome to Hazel Health! Thank you for starting the process towards connecting your student nental health services. Through our partnership with LAUSD, students have access to 1- rirtual counseling sessions with our licensed therapists. Services are <u>100% free</u> and <b>nal</b> for families.
At Ha schoo <b>know</b> buildi classr thera	zel, we've been helping students who are feeling anxious or withdrawn, struggling in al, having difficulty socializing, and so much more — and <b>we want to make sure you</b> <b>we're here for you.</b> In therapy, students can gain skills in communication, confidence ng, and developing coping to manage difficult emotions — skills to succeed both in the soom and in life. In fact, 79% of students used Hazel's program <u>see improvements</u> after 6 by sessions.
How i	t works: Submit a referral by clicking on the following link and schedule an intake to match your child with a therapist: <u>Request Teletherapy</u> 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: <u>Request Teletherapy</u>
Here'	s to your child's health!
Paris ( VP, M Hazel	Corredera Carroll ental Health Clinical Services Health

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