# SSMH2 – Request for information from clinical care provider

In accordance with the Department of Education’s [Supporting students’ mental health and wellbeing](https://ppr.qed.qld.gov.au/pp/supporting-students-mental-health-and-wellbeing-procedure) procedurethis template is to be completed when a case manager has obtained informed consent to contact a student’s existing clinical care provider or mental health service to share and obtain information about a student. A clinical care provider could be a general practitioner, psychiatrist, Queensland Health’s Child Youth Mental Health Service or other allied health professional. The information obtained about the student will be used for the purposes of developing and implementing supportive educational adjustments for the student at school.

### Instructions

* Check that the student or their parent/carer has completed [Form SSMH1– Consent form](https://ppr.qed.qld.gov.au/attachment/ssmh1-form-consent-form.docx) and given their permission to allow sharing of student personal information and for the school to contact an existing clinical care provider.
* Amend the text in the template (*Attachment A* of this form).
* Attach a copy of the completed relevant section of [Form SSMH1 – Consent form](https://ppr.qed.qld.gov.au/attachment/ssmh1-form-consent-form.docx) (i.e. consent for school to contact existing clinical care provider and the student/parent/carer signature block) to the letter for the clinical care provider’s information and records.
* If the letter is posted to the clinical care provider, then include a stamped envelope addressed to the school in case the information is returned to the school by mail.

### Suggested/possible enclosures

For the clinical care provider’s information, you may like to consider including:

* information about the student’s educational progress or attendance rates, and
* additional information, such as school-based reports or assessments.

### Attachment A: Template

[Print on school letterhead]

[Date]

[Insert name of the clinical care provider]

[Insert address details of clinical care provider]

Dear [Name]

Re: [Student’s full name, date of birth, year level, school]

We have been advised by [insert name of student or parent/carer] that [insert student’s first name] has been working with you to manage a mental health difficulty.

We will be developing a Student plan for [insert student’s name] to describe the educational adjustments that may need to be made by the school to support [insert student’s name]. Please assist us by providing any relevant documentation or advice relating to the nature and likely impact of [insert student name]’s mental health status. We would also appreciate your advice on any reasonable adjustments that could be made by school staff to support [insert student’s name]’s learning needs.

For your records, we have included a copy of the relevant section of the signed ‘Consent form’ to show the student/parent’s consent to share this information.

Please scan and email the information to [case manager or principal’s name] at [insert email address] or use the included stamped, addressed envelope.

Again, we appreciate your assistance. Please do not hesitate to contact us if we can provide further information or assistance.

Yours sincerely

[Signature] [Signature]

[Case manager’s name] [Principal’s name]

[contact details] [contact details]