



School-Based Health Center Enrollment Information

2020-2021

Dear Parent,

In partnership with Portland Public Schools and Maine Medical Center, Greater Portland Health offers School-Based Health Center services at: Portland High School, Deering High School, Casco Bay High School, PATHS and King Middle School.

Please complete the attached medical enrollment form to allow your child to access school-based health services at their school. **If your child already has a regular primary care provider or mental health provider, you can still enroll them in Greater Portland Health's School-Based Health Center.** Our goal is that all children and their parents are connected with a primary care medical home. Greater Portland Health's School-Based Health Center supplements the services of your child's regular primary care provider and coordinates care with them as appropriate. Please go to Greater Portland Health's website (<http://www.greaterportlandhealth.org/>) for more information.

Insurance claims will be submitted for services rendered as applicable. If a patient does not have insurance Greater Portland Health offers a sliding fee scale.

Greater Portland Health's School-Based Health Center provides: <ul style="list-style-type: none">• Primary Medical Health Services• Behavioral Health Services• Psychiatric Services• Dental Health Services (separate enrollment)• Telehealth Services	Top 5 reasons to enroll your child: <ol style="list-style-type: none">1. Friendly, caring staff2. Convenient, quick scheduling (no transportation required!)3. Coordination with your child's primary care provider4. Quality and compassionate care5. Easy monitoring of chronic conditions
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In this packet you will find:

- Medical Enrollment form – *please fill out, sign and return to the school-based health center or the school nurse. Please complete even if your child was enrolled last year as updated information is needed.*
- Greater Portland Health Privacy Notice – on the reverse side of this letter – *for you to keep*
- Frequently Asked Questions (FAQ) about SBHCs- *for you to keep*

Look for a separate dental enrollment form in your child's packet.

NOTICE OF HEALTH INFORMATION PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information, please review it carefully.

Understanding Your Health Record/Information

When you visit Greater Portland Health, a record of the visit is documented. This record may contain your symptoms, examination and test results, diagnosis, treatment, and a plan for your future care/services. This information called your health/medical record is an essential part of the health care/services we provide to you. It serves as a:

- Basis for planning your care and treatment.
- Means of communication with health professionals who contribute to your care.
- Legal document describing the care/services you receive.
- Verification to third-party payers (insurance company) that services were provided.

Your Rights Regarding Your Health Information

Although your health record is the physical property of Greater Portland Health, the information belongs to you. Under Federal Privacy Rules, you have the right to:

- Receive notice of the use and disclosure of your health/medical record, including a paper copy of the notice if requested.
- Request restrictions on use and disclosure of your health information, or request we send your confidential communications by alternative means.
- Inspect and obtain a copy of your record.
- Request your health record be amended.

Our Responsibilities

Greater Portland Health is required to:

- Maintain the privacy of your health information.
- Provide you with notice as to Greater Portland Health's legal duties and privacy practices with respect to health information we collect and maintain about you.
- Abide by the terms of this notice
- Obtain your consent before disclosing your health/medical information.

Greater Portland Health reserves the right to change and revise its privacy practices to remain in compliance with Federal and State Laws. Should this be required patients/clients will receive a new **Notice of Health Information Practices** at the next visit.

Disclosures Permitted Without Consent for National Priority Purposes

Greater Portland Health is permitted to use and disclose your health information without your consent when:

- Required by state or federal law.
- To authorities, including state medical officers, the Food and Drug Administration, law enforcement, organ procurement organizations, medical examiners, in connection with workers compensation, when requested for certain specialized government functions, including military and similar situations and other agencies charged with preventing or controlling disease.

Organized Health Care Arrangement

Greater Portland Health is a member of Community Care Partnership of Maine ("CCPM"), an "Organized Health Care Arrangement" focused on improving the health of the communities it serves. The members of CCPM, in collaboration with insurance companies, use population health analytics, utilization review, quality assessment and improvement activities, and other evidence-based strategies to improve your healthcare. Members are mutually accountable for the health of all patients served by CCPM. The entities that make up this Organized Health Care Arrangement include the following community health centers and hospitals: Cary Medical Center, DFD Russell Medical Center, Fish River Rural Health, Katahdin Valley Health Center, Mayo Regional Hospital, Millinocket Regional Hospital, Nasson Health Care, Pines Health Services, Penobscot Community Health Center, Greater Portland Health, Sebasticook Family Doctors, and St. Joseph Healthcare.

CCPM's Organized Health Care Arrangement permits these separate covered entities, including Greater Portland Health, to share PHI with each other as necessary to carry out permissible treatment, payment or health care operations relating to the work of the Organized Health Care Arrangement, unless otherwise limited by law, rule or regulation. The list of entities may be updated to apply to new entities in the future. You can access the most current list at www.ccpmmaine.org/members or call 207-992-9200.

For More Information, to Request Information or to Report a Problem

If you have questions you may contact Greater Portland Health, 180 Park Ave, Portland, ME 04102. (207) 874-2141. www.greaterportlandhealth.org. If you believe your privacy rights have been violated, you can file a complaint with the Privacy and Safety Officer at the above address, or with the Secretary of Health and Human Services, Washington, D.C. There will be no retaliation for filing a complaint.

2020-2021 School-Based Health Center Enrollment Form

****Please complete and return to school****

Child's name _____ Date of Birth ____/____/____ Gender M F T
(Same as on MaineCare card, if applicable)

Address _____ Zip Code _____ Homeless ☐

Parent phone _____ Msg. OK yes/no Email address for Telehealth _____

Student's cell (for appointment reminders) _____ Msg. OK yes/no School _____ Grade _____

MaineCare ID Number (ends in A)

Private Insurance Name _____ Policy ID# _____

Group # _____ Claim address _____

Uninsured _____

If you are uninsured, one of our financial assistance counselors will contact you to discuss insurance and our sliding fee scale options.

Health History

Primary Doctor/Health Care Provider: _____

My child had a physical exam within the last two years. ____ yes ____ no ____ don't know

My child will need immunizations this year. ____ yes ____ no ____ don't know

Does your child have Asthma? yes/no Written Asthma Plan at school? yes/no

Does your child have Diabetes? Yes/no Written Diabetes Plan at school? Yes/no

Other physical, dental or mental health problems: _____

Allergies: _____

Significant past illnesses, injuries or hospitalizations: _____

Current Medications: _____

Family Health History – Please check family history

for any of the following health conditions:

____ Allergies	____ Diabetes
____ Immune disorder	____ Asthma
____ Heart disease	____ Mental illness
____ Alcohol or drug abuse	____ High blood pressure
____ Seizure disorder	____ Cancer
____ High cholesterol	____ Tuberculosis

Child's Race: ____ White ____ Black, African, African American ____ Other Pacific Islander ____ Asian
____ South/Central/North American Indian, Alaska Native ____ Hawaiian ____ Multiracial

Total Annual Household Income: _____ Total number of family members living in the household: _____

Consent to Use Greater Portland Health School Based Health Center & Authorization for Release of Information

I give permission for my child, _____, to use Greater Portland Health's School-Based Health Center which may include receiving medical, dental or mental health services. I also authorize the SBHC to complete a Rapid Assessment for Adolescent Preventive Services® (RAAPS) risk assessment of my child as it may, in its sole discretion, deem necessary or appropriate (for more information, go to raaps.org).

- I understand that my signature indicates that I have received and read Greater Portland Health's School-Based Health Center Parent Letter.
- I understand that my signature indicates that I have received and read Greater Portland Health's School Based Health Center Privacy Notice.
- I hereby authorize Greater Portland Health's School-Based Health Center staff to access my child's school health record and authorize Greater Portland Health's School-Based Health Center staff and the school nurse or school social worker to share pertinent health information and records when it is deemed appropriate for treatment purposes.
- I hereby authorize my child's primary care provider, dentist, and mental health professional to share health information and records with the School-Based Health Center to support care for my child, and I give permission to Greater Portland Health's School-Based Health Center to share health information and records with my child's primary care provider, dentist, and mental health professional as appropriate to facilitate treatment services and the continuity and coordination of care..
- Authorization: This authorization is valid for the duration of time that the student is enrolled with the Portland School System or until they transfer to another school (i.e. from middle school to high school). I acknowledge that when my student transfers from middle school to high school, I must re-enroll them in the health center if I would like them to continue receiving services at Greater Portland Health's School-Based Health Center. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, if received by the school district, may not be protected by the HIPAA Act, but will become education records protected by the Family Educational Rights and Privacy Act (FERPA). I have read this form completely and agree to enroll my student in the health center at this time.

 **Parent/Guardian Signature:** _____ **Date:** _____

Print Name: _____ Relationship: _____