



School-Based Health Center Enrollment Information

2021-2022

Dear Parent,

In partnership with Portland, Westbrook and South 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, Westbrook High School and South Portland High 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.

<p>Greater Portland Health’s School-Based Health Center provides:</p> <ul style="list-style-type: none"> • Primary Medical Health Services • Behavioral Health Services • Psychiatric Services • Dental Health Services (separate enrollment) • Telehealth Services 	<p>Top 5 reasons to enroll your child:</p> <ol style="list-style-type: none"> 1. Friendly, caring staff 2. Convenient, quick scheduling (no transportation required!) 3. Coordination with your child’s primary care provider 4. Quality and compassionate care 5. Easy monitoring of chronic conditions
---	--

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*
- *For more questions please contact Jason Goff, Practice Manager for School Based Healthcare at (207) 874-2141 X 8402 or jgoff@greaterportlandhealth.org.*

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.

**Greater Portland Health School Based Health Center
Enrollment**

Authorization for Disclosure of Information

By signing below, I am acknowledging and agreeing to the following, with respect to my child's enrollment in the Greater Portland Health School Based Health Center ("the GPH School Health Center") and the disclosure of my child's health record and related information:

- I have received and read the GPH School Health Center Notice of Privacy Practices which advises regarding the uses and disclosures that may be made of the health information in my child's health record, in accordance with HIPAA confidentiality standards.
- I authorize the GPH School Health Center to access my child's School health record, including but not limited to physical, behavioral and counseling records if any, and any related information, for treatment related purposes or as otherwise required or allowed by law as determined by GPH Health Center.
- I authorize the GPH School Health Center to provide the School (including the nurse and social workers) with information from the GPH School Health Center records as necessary and appropriate for treatment related purposes or as otherwise required or allowed by law as determined by Greater Portland Health.
- I authorize the GPH School Health Center to share the information in the GPH School Health Center records (including School health records if included in the GPH School Health Center record) with other treating physicians and providers including primary care providers, dentists, and mental health professionals, to facilitate the delivery of health care for my child.
- I authorize my child's primary care provider, dentist, and mental health professional ("Third Party Providers") to provide health information and records to the GPH School Health Center to facilitate the delivery of health care by the GPH School Health Center for my child. I understand that I may be asked by such Third Party Providers to execute a separate authorization to allow disclosure of the records regarding treatment by the Third Party Providers.
- I authorize the GPH School Health Center to release information from the GPH School Health Center records as necessary for billing insurers or other payors.
- I understand and agree that: (i) This authorization is valid for one year from the date of signing unless a shorter duration is provided here; and (ii) I may revoke this authorization at any time by submitting written notice of the withdrawal of the authorization, except to the extent where the GPH School Health Center has relied upon the original consent.

✍ Parent/Guardian Signature:

Date: _____

Print Name:

Relationship _____

2021-2022 School-Based Health Center Enrollment Form

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

School Name: _____		School Grade Level: _____	
Student Name: _____ (Same as on MaineCare card, if applicable)		Date of Birth: ____/____/____	Gender: M F T Intersex
Address: _____		Zip Code: _____	Homeless: <input type="checkbox"/>
Parent Phone: _____ Msg. OK: yes/no Email address for Telehealth: _____			

Insurance Name: _____	Policy ID#: _____
Group #: _____	Claim address: _____
Guarantor/Parent Name: _____	Phone #: _____
MaineCare ID Number (Ends in A): _____	

Are You Uninsured: Yes / No

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

Health Information:

Primary Doctor/Health Care Provider: _____

My child had a physical exam within the last two years. YES NO Unsure

My child will need immunizations this year. YES NO Unsure

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: _____

Self/Family Health History – Please check family history for any of the following health conditions:

<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Immune disorder	<input type="checkbox"/> Asthma
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Mental illness
<input type="checkbox"/> Alcohol or drug abuse	<input type="checkbox"/> High blood pressure

Student Race: <input type="checkbox"/> White	<input type="checkbox"/> Black, African, African American	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Asian
<input type="checkbox"/> South/Central/North American Indian, Alaska Native	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Multiracial	

Total Annual Household Income: _____	Total number of family members living in the household: _____
Head of Household Name: _____	Relationship to Student: _____

By signing this form, I am acknowledging and understand that:

- I have received and read Greater Portland Health’s (“GPH”) School-Based Health Center Parent Letter, which explains what the GPH School Based Health Center is and what services and benefits it might provide for my child.
- The GPH’s School Based Health Center is a separate entity from the school and from the school nurse’s office. The GPH Health Center provides primary care assessments and a range of health care treatment in a school-based location while engaging in communications with other health care providers who may also be involved in the care of my child.
- This Consent is valid for the duration of time that the student is enrolled with the Portland School System, Westbrook School system, or South Portland School System or until they transfer to another school (i.e. from middle school to high school). When my student transfers from middle school to high school, I must re-enroll them in the GPH School Based Health Center if I would like them to continue receiving services at GPH’s School-Based Health Center.
- I am required to review and sign the Authorization Form for the Use and Disclosure of Health Care Information in connection with my child’s enrollment in the GPH School Based Health Center.

I have read this form completely and agree to enroll my student in the GPH School-Based Health Center at this time.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Relationship: _____