



Dear Parent/Guardian,

Attached please find the enrollment packet for the Carencro School-Based Health Center.

If you are considering enrolling your student for services, please fill out the enrollment application and return to school as soon as possible. Please keep all of the pages printed in white located at the beginning of the packet. **Please fill out and return all pages printed on colored paper. Pages are double sided.**

We are looking forward to serving the medical and mental health needs of all students in the Carencro Zone. Our clinic is made possible due to funding from the Office of Public Health, Lafayette General Hospital and Lafayette Parish School Board. We are working together to bring the best possible medical and mental health care to the students of the Carencro Zone. **If you have any questions please feel free to contact the Carencro School-Based Health Center at:**

(337) 521-7499

Monday thru Friday

7:30am – 3:30pm

Or come by our office location:

4301 North University

Carencro, LA

Your partner in health care,

The staff at Carencro School-Based-Health Center

**LAFAYETTE PARISH SCHOOL-BASED HEALTH CENTERS
NOTICE OF PRIVACY 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.

Lafayette Parish School-Based Health Centers (SBHC's), sponsored by the Lafayette Parish School District, are required by law to maintain the privacy of your protected health information and to provide you with notice of its legal duties and privacy practices with respect to your protected health information. This Notice of Privacy Practices describes the legal obligations of LAFAYETTE PARISH SCHOOL-BASED HEALTH CENTER and your legal rights regarding your protected health information held by LAFAYETTE PARISH SCHOOL-BASED HEALTH CENTER under the Health Insurance Portability Act of 1996 (HIPPA). HIPPA protects only certain information known as "protected health information" or "PHI". Generally, PHI is individually identifiable health information, including demographic information, collected from you or create or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, that relates to: (1) your past, present, or future physical or mental health condition, (2) the provision of health care to you; or (3) the past, present, or future payment for the provision of health care to you.

You are asked to provide a signed acknowledgement of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your PHI and your privacy rights. The delivery of health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your PHI for treatment, payment and healthcare operations when necessary.

Lafayette Parish School-Based Health Center: We consent to the exchange of relevant health information (including information about physical exams, health histories, and other information) between the school nurse program and the health center staff as needed in order to facilitate evaluation of this student's health needs, special education multi-disciplinary referrals, and immunization records. We understand that due to the confidential nature of services provided at the health center, only information regarding crisis or threat of grave or serious harm to self or others will be shared with the school principal. An electronic medical record system to support the efficient care and services provided by each of the health center's licensed health care providers. Your medical record will be maintained in electronic form as a single unified medical record and may be used by the Lafayette Parish School-Based Health Centers for treatment, payment, and healthcare operations purposes. Any request for your medical record will encompass the entire unified record unless otherwise specified by you in a written authorization.

Each time you visit LAFAYETTE PARISH SCHOOL-BASED HEALTH CENTER, a record of your visit is made. This information, often referred to as your health or medical record, serves as a:

- Documentation of your symptoms, examinations and test results, diagnoses and treatment;
- Means of communication among the many health care providers who contribute to your care;
- Means by which you or a third-party payer can verify that services billed were actually provided;
- Source for information for public health officials charged with improving the health of the state and the nation; and
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure it is correct, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Louisiana Health Information Exchange (LaHIE): LaHIE is the state's official health information exchange. To give you the safest, best care, your health care provider needs access to important information: your medical history, allergies, prescriptions, specialist visits, lab results and more. LaHIE is designed to provide your doctors with access to this information. Louisiana is an "opt in" state, which means your consent is required in order for your health information to be accessible through LaHIE. You are requested to indicate your decision on the acknowledgement page.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Lafayette Parish School-Based health Center collects PHI from you and stores it in a chart, other media, and on a computer. This is your medical record. The medical record is our property, but the information in the medical record belongs to you. We protect the privacy of your PHI. The following categories describe the different circumstances the Lafayette Parish School-Based Health Center may use or disclose your PHI without obtaining your prior authorization and without offering you the opportunity to object. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose PHI will fall within one of the categories.

- **For Treatment:** We may use and disclose your PHI to provide treatment to you. We may disclose your PHI to other providers, doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at Lafayette Parish School-Based Health Centers. For example, a doctor treating you for a broken may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that he or she can arrange for appropriate meals. Different departments of the Lafayette Parish School-Based Health Centers may also share medical information about you in order to coordinate the different things you need, such as medications, lab work, and x-rays, and we may disclose your PHI to third parties with whom we coordinate to manage your care.
- **To Obtain Payment:** We may use and disclose your PHI as requested from your health plan payer, in order to be reimbursed for the services we provide to you. For example, we may release to Medicaid the service we rendered to you and your diagnosis. Your insurance company may ask for information to determine when a condition was first diagnosed.
- **For Health Operations:** We may use and disclose your PHI for our day-to-day operations and functions, such as quality assessment/improvement activities, business planning and development, and resolution of internal grievances. For example, we may compile your health information, along with that of other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the quality of care provided at our Lafayette Parish School-Based Health Centers. We may also disclose information to doctors, nurses, technicians medical students, and other Lafayette Parish School-Based Health Centers personnel for review and learning purposes and to improve the quality and effective of the services you receive.
- **To Business Associates:** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain

and/or transmit PHI about you, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI.

- **Health-Related Benefits and Services:** We may contact you about health-related benefits or services, such as disease management programs and community-based activities in which we participate, that may be of interest to you.
- **For Communications:** We may contact you to provide appointment reminders, information about treatment alternatives or request that you contact us to discuss medical information. We will leave these messages with whoever answers your phone, if you are unavailable, or on your answering machine.
- **Research:** Under certain circumstances, we may use and disclose health information about you for research purposes through a special approval process designed to protect patient safety, welfare, and confidentiality. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. We may also disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the information they review does not leave the Lafayette Parish School-Based Health Centers.
- **Required by Law:** As required by federal, state or local law, we may use and disclose your PHI.
- **To Avert a Serious Threat of Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **For Specialized Government Functions:** We may disclose your PHI for military, national security, prisoner, and government health plan benefits purposes.
- **For Marketing:** For Fundraising Activities: We may contact you as part of our effort to raise funds for our Lafayette Parish School-Based Health Centers. You have a right to opt out of receiving fundraising communications and all fundraising communications will include information about how you may opt out of future communications.

For Marketing Services provided by Lafayette Parish School-Based Health Centers: We may contact you by mail, email, or telephone.

- **Change of Ownership:** In the event that Lafayette Parish School-Based Health Centers is sold or merged with another Lafayette Parish School-Based Health Centers, your PHI will become the property of the new owner.

SPECIAL SITUATIONS

- **Organ and Tissue Donation:** If you are an organ donor, we may disclose your PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans:** If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation:** We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness,
- **Public Health Risks:** We may disclose your PHI for public health activities. The activities generally include the following
 - To prevent or control disease, injury or disability
 - To report births and deaths
 - To report to state and federal tumor registries
 - To report child abuse neglect
 - To report reactions to medications or problems with products
 - To notify people of recalls of products they may be using
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
 - To provide proof of immunization to a school that is required by state or other law to have such proof with agreement to the disclosure by a parent or guardian of, or other person acting in loco parentis for an unemancipated minor.
- **Victims of Abuse, Neglect, or Domestic Violence:** We may notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- **Law Enforcement:** We may disclose your PHI if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process
 - To identify or locate a suspect, fugitive, material witness, or missing person
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement

- About a death we suspect may be the result of criminal conduct
 - About criminal conduct at the Lafayette Parish School-Based Health Centers
 - In emergency circumstances to report a crime, the location of the crime or victims; or the identity, description or location of the person who committed the crime
- **Judicial and Administrative Proceedings:** We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal to the extent expressly authorized by such order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute after we have received assurances that efforts have been made to tell you about the request or to obtain an order protecting the information requested.
 - **Coroners, Medical Examiners and Funeral Directors:** We may disclose your PHI to coroners, medical examiners, or funeral directors as necessary to carry out their duties.

We may also use or disclose your PHI in the following circumstance. However, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.

- **Individuals Involved in Your Care or Payment for Your Care:** We may disclose your PHI to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the Lafayette Parish School-Based Health Centers. In addition, we may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

With few exceptions, we must obtain your written authorization for uses and disclosures of your PHI involving (1) certain marketing communications about a product or service and whether financial remuneration is involved, (2) a sale of protected health information resulting in remuneration not permitted under HIPPA; and (3) psychotherapy notes, except for certain treatment, payment and health care operations purposes, if the disclosure is required by law or for health oversight activities, or to avert a serious threat.

WHEN WE MAY NOT USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Except as described above, disclosures of your PHI will be made only with your written authorization. You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding health information we maintain about you:

- **Right to Request Restrictions:** You have the right to request restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

Except as provided below, we are not required to agree to the restriction that you request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Effective September 23, 2013, we will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the Lafayette Parish School-Based Health Centers has been paid out-of-pocket in full. The Lafayette Parish School-Based Health Centers is not responsible for notifying subsequent health care providers of your request for restrictions on disclosures to health plans for those items and services, so you will need to notify other providers if you want them to abide by the same restriction.

To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications:** You have the right to receive your PHI through a certain way or at a certain location. For example, you can ask that we only contact you by mail. Requests must be in writing and specify how and where you wish to be contacted. You will be responsible for the additional costs, if applicable.
- **Right to Inspect and Copy Health Information:** You have the right to inspect and receive a copy of your PHI. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. If the requested PHI is maintained electronically and you request an electronic copy, we will provide access in an electronic format you request, if readily producible, or if not, in a readable electronic form and format we mutually agreed upon. We may charge a reasonable cost-based fee consistent with HIPPA and Louisiana law.

Despite your general right to access your PHI, access may be denied in limited circumstances. For example, access may be denied if you are a participant in a research program that is still in progress. Access may be denied if the federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review. Otherwise, we will provide a written explanation of the basis for the denial and your review rights.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, in accordance with Louisiana state law, you will be charged a fee for the costs of copying, mailing or other supplies associated with

your request.

- **Right to Request Amendment:** You have a right to request that we amend your PHI that, in your judgment, is incorrect or incomplete for as long as the information is kept by or for the Lafayette Parish School-Based Health Centers.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us for information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Lafayette Parish School-Based Health Centers;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request. If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

- **Right to an Accounting of Disclosures:** You have a right to receive an accounting of certain disclosures of your PHI made during the six-year period preceding the date of your request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. We do not have to account for the following disclosures: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations unless HIPPA provides otherwise; (ii) disclosures made to you; (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts; (iv) disclosures for national security or intelligence purposes; (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure; (vi) disclosures that occurred prior to April 14, 2003; (vii) disclosures made pursuant to an authorization signed by you; (viii) disclosures that are part of a limited data set; (ix) disclosures that are incidental to another permissible use or disclosure; or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. We will charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to a Paper Copy of This Notice:** You have a right to a paper copy of this Notice of Privacy Practices.

OUR DUTIES

- We are required by law to maintain the privacy of your PHI.
- We are required to provide you this Notice of Privacy Practices, which describes our legal duties and privacy practices with respect to PHI.
- We are required to notify you in the event that we discover a breach of unsecured protected health information, as that term is defined under federal law.
- We are required to follow the terms of this Notice of Privacy Practices. We reserve the right to amend this Notice of Privacy Practices at any time in the future and to make those changes applicable to all PHI that we maintain. Prior to October 1, 2013, if we make any material changes to this Notice of Privacy Practices, we will provide you a copy of the revised Notice of Privacy Practices. After October 1, 2013, any revised Notice of Privacy Practices will be posted on our website, and the revised Notice of Privacy Practices will be available from us upon request.

FOR MORE INFORMATION OR TO REPORT A CONCERN

How to Exercise a Right

If you would like to have a more detailed explanation of these rights contact Lafayette Parish School-Based Health Centers at (337) 521-7499. If you would like to exercise any of your rights, please submit a request in writing to:

Lafayette Parish School-Based Health Centers
P. O. Box 2158
Lafayette, LA 70502-2158

Complaints

Complaints about this Notice of Privacy Practices or how we handle your PHI should be directed to: Sharon Richard, Administrator / Privacy Officer at 337-521-7280. You may also submit a complaint to the Office for Civil Rights of the U. S. Department of Health and Human Services if you believe your privacy rights have been violated. You will not be penalized, or in any other way retaliated against, for filing a complaint.

Contact Information

For further information about the complaint process or for future information about this Notice of Privacy Practices, contact Sharon Richard, Administrator/ Privacy Officer at 337-521-7280 or submit a request in writing to: Lafayette Parish School-Based Health Centers, P. O. Box 2158 Lafayette, LA 70502-2158. Our physical location is 516 E. Pinhook Rd. Lafayette, LA 70501

This Notice of Privacy Practices was published and became effective on July 1, 2013.

EXPLANATION OF SERVICES PROVIDED BY CARENCRO SCHOOL-BASED HEALTH CENTER

Dear Parent/Guardian:

Thank you for choosing to enroll your student in the Carencro School-Based Health Center (SBHC). We want to welcome your family and give you some information about the SBHC and the services provided. Please keep this letter and refer to it when you need to. If you have any questions, please contact the Carencro School-Based Health Center (CSBHC) at 337-521-7499.

The CSBHC must have parental consent prior to enrolling a student as a patient. A parent or guardian must sign both the Uniform Consent and any center-specific forms that require signature for the student to receive services provided by CSBHC. Once the parent signs the Uniform Consent and the center-specific forms, we will provide or refer the student for any of the services that the student needs. Although we will attempt to keep parents informed of the services their student receives, signing the Uniform Consent gives the CSBHC permission to provide medical and behavioral health services to the student without contacting the parent each time the student visits the CSBHC. No student is treated, counseled or referred without a consent form signed by a parent/guardian, except in an emergency situation. In emergencies, the CSBHC will call the parent, but the CSBHC is required by law to treat the student even if the parent cannot be reached.

The CSBHC has licensed professionals that will care for your student. These include a physician, nurse, and a licensed clinical social worker. They are here to keep your student healthy, in school and ready to learn. The CSBHC staff wants parents and guardians to be involved in their student's care. Call the center if you have a question or suggestion or concern. We're here to help.

Please provide an e-mail address on the consent form. Once your student has had their first visit, you will receive an invitation to the patient portal where information from the visit can be accessed online using the email address given. This is another way that we help parents and guardians be involved.

Parents do not have to pay for any of the services listed below that occur within the CSBHC. However, if the CSBHC refers the student out to another medical provider for a test or procedure that cannot be done within the CSBHC (for example, x-rays, certain laboratory tests, etc.), you may get a bill from that provider.

The services listed below are the same as those a doctor, nurse practitioner or physician's assistant would do in a doctor's office. Louisiana Medicaid/EPSTDT wants doctors to do these things at certain ages. The American Academy of Pediatrics (AAP) hopes that all doctors and nurses across the USA do these services because they help to prevent illnesses and keep children healthy.

Primary and preventative health care/comprehensive history and physical exam include:

- Well child check-ups where the staff will
 - Measure students' height and weight
 - Check if they weigh too much, too little or are just right for their age, weight and height
 - Take their blood pressure
 - Take some blood or get some urine to be sure they don't have anemia, high blood sugar, lead poisoning or other problems
 - Test their vision and hearing

- Immunizations – Students can get their vaccines at the health center. We have flu vaccines also.
- Nutrition – The staff will talk to students about eating good foods, like fruits and vegetables, and about not eating too much junk food.
- Health Education – The staff will talk to students about doing healthy things like using a bike helmet and seat belts and getting exercise. They will also ask about unhealthy things like feeling depressed, using tobacco, drugs and alcohol or having sex. They will see if any of these unhealthy things have caused students to be sick and if they need medicine to help. Staff will talk to them about stopping these unhealthy things and how to get help to stop.
- Comprehensive history means that the staff will ask students about
 - Past and current health
 - Past illnesses or times spent in the hospital
 - Any allergies to medicines
 - Diseases that run in the family, like high blood pressure or high blood sugar
 - Using tobacco, alcohol, drugs
 - Feeling sad, depressed, angry
 - Having sex
- A physical exam means that the staff will ask a student to get undressed and put on a hospital gown or sheet. Then the staff will check all body systems to be sure that the student is healthy in all areas. This is the same thing that would happen in a doctor's office.

Services for sexually transmitted infections (STI)

- Students who are having sex may get infections that they don't know they have. These infections can make them sick and can make the person they are having sex with sick. If a person doesn't take medicine, some of these infections can cause a person to not be able to have children. Some people who haven't gotten medicine have died from STIs. Doctors want every student age 13 and older to be tested for HIV whether they are having sex or not. If a student does have HIV, they will be referred to a doctor specializing in the care of this disease. The staff at the CSBHC can test students for some of these infections and can give a prescription to get rid of certain infections. The staff will talk to students about not continuing to have sex and not giving STIs to other people. Due to the seriousness of the diseases, Louisiana law provides minors the right to be seen by a doctor and receive treatment without the knowledge or consent of their parent or guardian. We encourage students to involve their parent/guardian.

Chronic disease management

- If students have diseases like asthma or high blood sugar, the staff can help them stay on their medicines and help them if they get sick at school. The staff can also help students learn how to live with their illnesses without getting sick as often.

Acute/emergency care for minor illness and injury and referral for serious illness or injury

- The staff takes care of cuts, headaches, colds or other short term problems.
- The staff takes care of emergency situations, like accidents on the playground
- The staff will be sure students get help from another doctor or hospital if students are too sick to get all the help they need at the health center.

Behavioral health services means that staff:

- Talks to students about doing healthy things like eating good foods and getting exercise
- Administers risk assessment screening, depression evaluation, and substance abuse history questionnaire
- Provides education on how high risk behaviors, such as substance abuse and sex, may affect one's physical and emotional health.
- Helps students overcome feelings of sadness/depression
- Works with students individually or in groups on topics to include: anger management and grief

AGAIN, IF YOU HAVE ANY QUESTIONS ABOUT THESE SERVICES, PLEASE CONTACT THE CARENCRO SCHOOL-BASED HEALTH CENTER 337-521-7499 BEFORE YOU SIGN THE CONSENT FORM. If you do not want your student to receive a service, put your request in writing and submit to the CSBHC staff.

Revised August 2017

CARENCRO SCHOOL-BASED HEALTH CENTER
DISCLOSURE FOR MENTAL HEALTH SERVICES

Legal Limitations of Confidentiality

I understand there are legal limitations to confidentiality of client information and records as follows:

- Client presents danger to self
- Client presents danger to others
- Client reveals the intent to commit a crime
- Client alleges physical, emotional, sexual abuse or neglect
- Minor child (under 17) is involved in a sexual relationship with an adult (17+), or a person two years older, or is 12 years old and involved in a sexual relationship
- When social worker is ordered by the court and subpoenaed to testify regarding information obtained in the psychosocial assessment or process of treatment
- Client makes any public charge or takes legal action against a social worker
- Legal or clinical consultation

CLIENT RIGHTS AND RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

- Receive services which are of high quality and meet your needs
- Obtain accurate information about the services you receive
- Know the names of any staff member who participated in your service
- Know when staff members are students or others in training
- Know any policy that might affect your decision to receive services through the Carencro School-Based Health Center
- Give your consent before service is provided
- Refuse to consent to a service, to the extent permitted by law
- Be treated with consideration and respect
- Be treated in a way that your security and privacy will be protected
- Have information about your care explained to you
- Know how disagreements and complaints concerning your service are handled

YOU ARE RESPONSIBLE FOR:

- Providing information which may affect your service
- Asking a staff member to explain if you do not understand something
- Telling a staff member if you think you will have problems following any recommendations or program requirements
- Recognizing that your lifestyle affects your health and well-being and that of your family. Your health and well-being depend on much more than just the services we provide
- Engaging in appropriate and respectful behavior while in the health center

Effective July 2014

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CARENCRO SCHOOL-BASED HEALTH CENTER

LOUISIANA ENROLLMENT/CONSENT FORM

FOR SCHOOL-BASED HEALTH CENTERS

Student's Name: Last		First		Middle Initial		ID# (Office use only.)	
Student's Address (include city):							Zip Code:
Student's Date of Birth:		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> More than one race							
Student's Social Security Number:			School:			Student's Grade:	
Preferred Language:		Parent/Guardian Email:			Student's Cell Phone: ()		
Name of Mother (include maiden name) or Legal Guardian:			Home Phone: ()	Work Phone: ()	Cell Phone: ()	Employer:	
Name of Father or Legal Guardian:			Home Phone: ()	Work Phone: ()	Cell Phone: ()	Employer:	
Emergency Contact:				Relationship:		Phone: ()	
Emergency Contact:				Relationship:		Phone: ()	
Name of Student's Primary Care Physician:						Phone: ()	
Please check if student does not have a Primary Care Provider <input type="checkbox"/>							
Name of Student's Dentist:						Phone: ()	
Please check if student does not have a Dentist <input type="checkbox"/>							
Preferred Pharmacy: (Name and location)				Names of siblings enrolled in School-Based Health Center:			
Please check the type of health insurance your student has: Please send a copy of insurance card (front and back) to SBHC.		<input type="checkbox"/> Medicaid/Healthy Louisiana #: _____ (check one below)					
		<input type="checkbox"/> Aetna Better Health <input type="checkbox"/> Amerigroup Real Solutions <input type="checkbox"/> AmeriHealth Caritas LA <input type="checkbox"/> LA Healthcare Connections <input type="checkbox"/> United HealthCare Community Plan <input type="checkbox"/> Medicaid (dental)#: _____ <input type="checkbox"/> No insurance <input type="checkbox"/> Private/Other Insurance Co. Name: _____ Co. Address: _____ Phone #: _____ Policy #: _____ Group#: _____ Effective Date: _____ Name of policy holder: _____ Relationship to student: _____ Policy holder date of birth: _____ Policy holder Social Security #: _____ Does your insurance pay for prescriptions? <input type="checkbox"/> No <input type="checkbox"/> Yes					

Office use only.

Student's Name: _____ 2nd Identifier _____

Does your student have any known allergies to food, medications, insects, etc.? Please list.

Allergy	Reaction

If your student does not have health insurance, would you like information on no cost health insurance?

Yes No

List of current medications student is on with dosage (how much) and how often:

Medication Name	Dose (Strength)	Frequency (how often)

LAHIE Statement: We understand that the SBHC may participate in one or more health information exchanges (HIEs), whereby the center may share my health information with other health care providers for treatment, payment or health care operations purposes. We hereby consent to the disclosure of the SBHC's records into the HIEs.

We understand that the SBHC is funded through the Office of Public Health ("OPH") Adolescent School Health Program and, as part of such program; the SBHC is required to provide information to OPH. Therefore, we consent to the disclosure of SBHC information to OPH, or its agent, in connection with the operation, funding and ongoing monitoring of school-based health centers. We recognize that the information needed by OPH may be compiled through a HIE and consent to the disclosure of information to a HIE for such purpose.

Office use only.

Student's Name: _____ 2nd Identifier _____

Confidentiality: : The School-Based Health Centers (SBHCs) adhere to all current laws regarding confidentiality of health services in general and specifically as they relate to services to minors. All medical and mental health records are confidential and will be maintained as directed by the Health Insurance Portability and Accountability Act (HIPAA). I consent to the exchange of relevant health information between Carencro SBHC and the student's personal medical provider upon referral for medical care. I have been given a copy of the organization's Notice of Privacy Practices that describes how my health information is used and shared. I understand that Carencro SBHC has the right to change this notice at any time. I may obtain a current copy by contacting the School-Based Health Center, at 337-521-7499. My signature below constitutes my acknowledgement that I have been provided a copy of the Notice of Privacy Practices.

Louisiana Law R.S. 40:31.3 states that Health Centers in schools are prohibited from:

1. Counseling or advocating abortion or referral of any student to an organization for counseling or advocating abortion.
2. Distributing any contraceptive or abortifacient drug device, or similar product.

To report violations of the prohibitions against abortion counseling, advocacy, or referral; or distribution of contraceptives, abortifacient drugs, devices, or other similar products, contact the Adolescent School Health Program at the Office of Public Health at 504-568-3504.

Carencro School-Based Health Center operates in cooperation with the LPSS. It also operates in cooperation with LDH/OPH/ASHP. If we can be of service please call us at 337-521-7499. Our hours are 7:30 am-3:30 pm Monday.- Friday. We are closed on school holidays and summer break.

The school board and the school health center hereby agree that all medical information of the student is hereby declared confidential and may not be disseminated to any other person, firm, or organization other than (1) a health care provider (for diagnosis, treatment, or counseling purposes); (2) the authorized insurance or benefit payer or health care service plan which is liable for payment; or (3) the spouse, parent/guardian of the minor student. Although nothing herein contained may prohibit the treatment by a licensed physician of someone in a true emergency situation within the meaning of the Louisiana Emergency Treatment Act, visits and/or treatments must be disclosed to the parents/guardian and/or a phone call to the parent/guardian. The medical information obtained may not be used for any other purpose than the health examination, diagnosis and treatment by a licensed health care provider. The provisions of this paragraph do not apply in cases involving child abuse by a parent/guardian. Any medical information used for purposes of survey or evaluating school health center performance will keep the identity of students anonymous, including references to social security numbers or other identification methods. Nothing herein shall constitute a medical consent to give supplies to a minor involving contraception, abortion, premarital sex, nor may an examination or treatment be made for the purpose of determining in whether counseling for such services or supplies is or is not appropriate. Nothing in this paragraph shall invalidate consent given.

Office use only.

Student's Name: _____ 2nd Identifier _____

BY SIGNING THIS CONSENT, YOU ARE AGREEING TO ALLOW THE SCHOOL HEALTH CENTER TO PROVIDE THE FOLLOWING SERVICES TO YOUR STUDENT:

- ◆ Primary and preventive health care
- ◆ comprehensive history and physical examinations
- ◆ immunizations
- ◆ health screenings
- ◆ laboratory/diagnostic testing
- ◆ acute care for minor illness and injury including medications, if indicated.
- ◆ management of chronic diseases
- ◆ behavioral health services
- ◆ health education and prevention programs
- ◆ case management
- ◆ referral and follow-up for emergencies
- ◆ referral to specialty care
- ◆ dental services (where available)

I, as parent/ legal guardian, understand that I will not be charged for any of the services provided at the school-based health center. I also understand that Carencro SBHC, the medical provider, or the behavioral health provider may bill Medicaid or other insurance providers for these services. I authorize/assign payments of authorized benefits directly to Carencro SBHC.

By signing below, we (student and parent/ legal guardian) acknowledge that we have read and understand the services to be provided at the school-based health center. We both give permission for this student to receive the services provided by the program.

This consent is effective while the student is enrolled in Lafayette Parish School System unless the School-Based Health Center is notified in writing, that I no longer wish for my student to receive services. I understand that I may be asked to complete a one page form every year to update important information.

We also understand that the school-based health center is operated by Lafayette Parish School System and its employees and contractors.

Printed Name of Parent/Legal Guardian/Student

Relationship

Signature of Parent/Legal Guardian

Date

Signature of Student (optional)

Date

This consent may be withdrawn or modified at any time with written permission of the parent/legal guardian and student to the entity referred to above. A duplicate copy of this document will be given to parents or legal guardians upon request.

STUDENT NAME: _____ DOB: _____

Student Medical History (Please indicate which of the following medical conditions your student has been treated for or you have concerns your student might have)

Y	N	Medical Condition	Y	N	Medical Condition
		Abnormal Bleeding			Ear Infections
		ADHD/ADD			Hearing Loss
		Allergies			Speech Problems
		Asthma (Please bring inhaler to clinic)			Mental Health Concerns/Depression
		Birth Defect			Physical Disability
		Brain/Head Injury			Respiratory (Lung Problems)
		Broken Bones			Rheumatic Fever
		Cardiovascular (Heart) Problems			Seizures
		High Blood Pressure			Sickle Cell Disease
		Dental Disease			Vision Problems/Eye Disorders
		Diabetes			Staph Infection (Abscess or Boil)
		Eating Problems/Poor appetite			Other:

Student Surgical & Hospitalization History

Has your student ever had surgery? (If yes, please specify below) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Y	N	Surgery	Y	N	Surgery
		PE Tubes (Tubes in Ears)			Adenoidectomy
		Appendectomy			Bone or Joint Surgery
		Tonsillectomy			Other:

Has your student ever been admitted into a hospital? (If yes, please specify below) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hospital	Date	Reason

Family Medical History (Which of the following medical conditions apply to you or an immediate family member)

Y	N	Condition & Details	Relationship to Student (Mother, Sister, etc.)	Y	N	Condition & Details	Relationship to Student (Mother, Sister, etc.)
		Asthma				Diabetes	
		Cancer				Seizures	
		High Blood Pressure				Sudden death before age 50	
		Heart Disease/Heart Attack				Sickle Cell	
		Emotional/Mental Health Concerns				Tuberculosis	
		Nervous/Mental Disorder				Other:	
		Other:				Other:	

Reviewed by: _____ Follow-up planned by: _____