

RSU #22 School-Based Health Center
A Service Provided by Eastern Maine Medical Center
Enrollment Form

Please complete and sign this form if you would like to give permission for your child to use the RSU #22 School-Based Health Center (SBHC).

I give permission for my child, _____, to use the School-Based Health Center services, located at Hampden Academy during this academic year, which will include medical or mental health counseling services.

Please check the services that you would like your child to be able to receive, if needed, during the school year:

_____ All Services (Medical and Mental Health Counseling)

_____ Mental Health Only

_____ Medical Only

Demographic information

Name of Student _____ Date of Birth _____ M _____ F _____

Grade _____ Race: Caucasian Native American Asian American Hispanic African American Other

Student Social Security Number: _____

Parent/guardian information:

Mother/Guardian's name _____ Business/Day Phone _____ okay to call at work _____

Home Address: _____ City _____ State: _____ Zip _____

Cell phone # _____ Mother Home Phone # _____

Father/Guardian's name _____ Business/Day Phone _____ okay to call at work _____

Home Address: _____ City _____ State: _____ Zip _____

Cell phone # _____ Father Home Phone # _____

Is there a court order affecting your child in regard to custody, residence or visitation rights?

Health Insurance Company _____ Policy # _____ Subscriber: _____

or MaineCare (Medicaid) Policy # _____

Please check here if you do not have health insurance _____

Primary Health Care Provider (PCP)'s Name: _____ Phone Number: _____

_____ Date of last Well Child Exam

_____ Do not have a PCP ___ I would like EMMC Family Medicine-Hampden to become PCP

Dentist's Name: _____ Phone Number: _____

_____ Date of last dental visit ___ Do not have a dentist

Please indicate below which billing/payment option you choose for services:

_____ Please bill my health insurance for medical services (the visit is billed just as a doctor's office visit is billed).

_____ My child has MaineCare (Medicaid) Health Insurance – please bill MaineCare for medical services.

_____ My child is not covered by health insurance.

TURN PAGE OVER

I understand that my signature indicates that I have received a copy of the Notice of Privacy Practices.
I have read and understand the Patient's Rights and Responsibilities information accompanying this form.
I acknowledge that I have received information on the health information exchange, also known as HealthInfoNet, and I understand that I can opt in or out of the health information exchange at any time.
I understand that all parent consent forms remain part of the permanent medical record. The consent is valid for the duration of the student's eligibility at the SBHC. If a subsequent consent form is submitted, it supersedes all prior consents.
I understand that I may withdraw this consent at any time by signing the "Withdrawal of Parent Consent" form.
I understand that my signature also gives permission for School-Based Health Center staff to access my child's school health record and share health information with my child's health care providers and the school nurse.
I understand that the health center provides services that complement (but do not replace) those provided by my child's primary health care provider (PCP). If my child needs a service that the health center is unable to provide, I understand that the health center staff will refer to my child's primary health care provider (PCP) for that service.
I understand that when I enroll my child, children in the 9th through 12th grades will be scheduled for an initial appointment with the clinic to administer a health questionnaire that is used state-wide. My insurance may be charged for this visit, but I will not be responsible for any out of pocket expense.
If my child does not have a PCP, I understand that EMMC Family Medicine-Hampden will become PCP if I so request. Medical records will be kept in a confidential manner; however, I acknowledge that the School Based Health Center may release information regarding treatment to third party payers, such as MaineCare, Anthem or other health insurance companies, for the purpose of billing and for any reason in accordance with acceptable medical practice and pursuant to law.
I understand that under Maine State law, my child may consent for certain health care services without parental permission and unless failure to notify parent or guardian would seriously jeopardize the health of the minor, the practitioner will honor the confidentiality of the student.
In case of accident or serious illness, I request the school clinic to contact me. If the school is unable to reach me, I hereby authorize the school to make whatever arrangements are deemed necessary.

X _____
Signature of parent/guardian/student (age 18 and older) Date _____ Time _____

X _____
Signature of student (age 14 to 17 years old) Date _____ Time _____

PLEASE RETURN FORM TO RSU #22 SCHOOL-BASED HEALTH CENTER