Plaquemine High Health Center

2018-2019 Consent Form

Please complete and return this form to update your student's medical records so that they can continue receiving services at Plaquemine High Health Center. Without this form, they will not be able to be seen by our Health Care Providers. **Please complete in Blue or Black ink.**

Name of Student _______________________________ DOB _______ Age ____ Grade _____

Address____

____

Student Email__________________________ Student Phone #_________________________

Parent/Guardian Name___________________ Parent/Guardian Name___________________

Home # Home #

Cell # Cell #

Work # Work #

Email Email

How do you (parent/guardian) prefer to be contacted? __________________________________

Emergency Contact Name_________________________ Phone #______________________

Health Insurance (Please provide a copy of insurance card front and back)

Medicaid/Healthy Louisiana (Please check box below)

❑ Healthy Blue Louisiana ❑ AmeriHealth Caritas LA ❑ Aetna Better Health ❑ LA Healthcare Connections ❑ United Healthcare Community Plan

Private

No Insurance

Medical Clinic/Doctor/Primary Care

Provider____

Pharmacy (Name/Location)

____

Any Daily or Prescription Medications? ❑ No ❑ Yes (Please list)

____

____

___

List Changes to Medications since last school year

____

Any Allergies? ❑ No ❑ Yes (Please list)

____

List any surgeries, hospitalizations, serious illness or injury since last school year?

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____

___

List changes in family medical history in the past

LAHIE: We understand that the SBHC may participate in one or more health information exchanges (HIEs), and the center may share my health information with other health care providers for treatment, payment or health care operations purposes.

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 agree 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.

year.________________________________

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996

The Health Insurance Portability and Accountability Act (HIPPA) of 1996 requires all physicians and health care facilities to provide patients with a notice describing how an individual's medical information may be used and disclosed, and how a patient may obtain access to their personal health information.

Please note that there is an attached copy of HIPAA to this consent form, for the parent/guardian of the student receiving medical or mental health counseling services at Plaquemine High Health Center.

SIGNATURES:

By signing below:

- We give permission for this student to receive the services provided by the program.
- We understand the services are of no cost to me.
- We agree to the disclosure of the SBHC's records into the HIEs.
- We have received a copy of our HIPPA policies, prior to the student receiving services.

- We understand: State Law R.S. 40:313.3 states that Health Centers in Schools are prohibited from: (1) counseling or advocating abortion in any way or referring any student to any organization for counseling or advocating abortion: and (2) distributing at any public school any contraceptive or abortifacient drug, device or other similar product. Louisiana state law prohibits health centers in schools from:

  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 504-568-8164.

Parent/Guardian Signature________________________________ Date________

Student Signature_______________________________________ Date________

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