November 16, 2018

Dear Parents/Guardians of Oakdale Elementary School Students:

The Oakdale School-Based Health Center is a clinic located on the campus of Oakdale Middle School. It provides convenient access to comprehensive primary and/or preventative physical and mental healthcare for students who would otherwise have limited or no access to these services. The Health Center also serves as a connection for family, school and the community to reduce student absenteeism and lost worktime for parents because of a sick child. Students seen at the Health Center never have a co-payment. Uninsured students are never turned away for care.

Starting in 2019, we are partnering with Access Health Louisiana to offer expanded services to students including commercial vaccines. Students who turn in their updated consent and enrollment forms by December 12th will have a chance to win one of three HD Tablets!

Provided in this packet are detailed information sheets about the School-Based Health Center, as well as the forms that must be completed by you before your child can be treated in our Health Center.

We invite you to enroll your student(s) with our School-Based Health Center. If you decide to do so, we will need you to do the following:

- Please completely fill out the 7 white pages that are stapled together in the back of this packet.
- Also, please provide us with a front and back copy of your child’s insurance card.
- If your child is already registered with the Oakdale School-Based Health Center, please fill out the new application forms so we can update your child’s medical history and demographics.
- After you fill out the forms, please have your child return them to his/her Homeroom Teacher at Oakdale Elementary School.
- The yellow sheets are more information about our School-Based Health Center and are yours to keep for your records.

Thank you for your cooperation in getting these forms back to us as soon as possible. If you have any questions or concerns, please call me at (318) 215-1413.

Sincerely yours,

Sharon Rush
Director

Access Health Louisiana
Your Community Healthcare Network
OAKDALE SCHOOL-BASED HEALTH CENTER
NOTICE OF PRIVACY PRACTICES

In compliance with Federal Law, Effective April 14, 2003

The Oakdale School-Based Health Center (The OSBHC) understands your privacy is important and that medical information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive at The OSBHC. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by The OSBHC, whether recorded in your medical record, invoices, payment forms, videotapes or other ways, that include protected health information.

This Notice of Privacy Practices (the “Notice”) describes the legal obligations of The Oakdale School-Based Health Center and your legal rights regarding protected health information held by The OSBHC under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). HIPAA protects only certain health information known as “protected health information.” Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created 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 or 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.

This Notice describes The OSBHC practices and that of all employees, staff, volunteers, contractors and other personnel.

This Notice also describes how medical information about you may be used and disclosed, and how you can get access to this information. PLEASE REVIEW IT CAREFULLY!

EXPLANATION OF YOUR HEALTH RECORD

Each time you come to The OSBHC for any reason a record of your visit is made. The records will contain your symptoms, examination, procedures and test results, diagnoses, treatment and a plan for future care or treatment. This information referred to as your chart or medical record serves as a:

- basis for planning your care and treatment;
- means of communication among the health professionals who contribute to your care;
- legal document describing the care you received;
- means by which you or a third-party payer can verify that services billed were actually provided;
- a tool in educating health professionals;
- a source of data for medical research;
- a source of information for public health officials charged with improving the health of the nation;
- a source of data for facility planning and marketing; or
- a tool with which The OSBHC can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what your record contains and how your health information is used helps you to:

- ensure its accuracy;
- Better understand who, what, when, where and why others may access your health information; or
- make more informed decisions when authorizing disclosure to others
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 a 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 procedure you had.

  We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

  To request restrictions, you must make your request in writing during the registration process to our registration staff or after the initial registration to the Oakdale School-Based Health Center, Post Office Box 1122, Oakdale, Louisiana 71463. 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, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

  To request confidential communications, you must make your request in writing during the registration process to our registration staff or after the initial registration, to the Oakdale School-Based Health Center, Post Office Box 1122, Oakdale, Louisiana 71463. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

- **Right to Inspect and Copy Health Information.** You have the right to inspect and copy protected health information that may be used to make decisions about your care. 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 protected health information 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 agree upon. We may charge a reasonable cost-based fee consistent with HIPAA and Louisiana law.

  Despite your general right to access your protected health information, 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 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 on 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 to the Oakdale School-Based Health Center, Post Office Box 1122, Oakdale, Louisiana 71463. 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. If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for The OSBHC.

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 to amend information that

- was not created by The OSBHC, or if 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 OSBHC;
- 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 and submitted to the Oakdale School-Based Health Center, Post Office Box 1122, Oakdale, Louisiana 71463. 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 Accounting of Disclosures. You can ask for a list (accounting) of the times The OSBHC has shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

To request this list or accounting of disclosures, you must submit your request in writing to the Oakdale School-Based Health Center, Post Office Box 1122, Oakdale, Louisiana 71463. Your request must state a time period.

Right to Paper Copy of This Notice. You have the right to a paper copy of this Notice at any time. We will provide you with a paper copy promptly.

Right to Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Right to File a Complaint. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

HEALTHCARE PROVIDER RESPONSIBILITIES

The Oakdale School-Based Health Center’s Responsibilities are:

- to maintain the privacy and security of your protected health information;
• to let you know promptly if a breach occurs that may have compromised the privacy or security of your information;

• to follow the duties and privacy practices described in this notice and to give you a copy of it; or

• to not use or share your information other than as described here unless you tell us when we can in writing. If you tell us we can, you may change your mind at any time. (You should let us know in writing if you change your mind.)

The OSBHC reserves the right to change our practices and to make the new provisions effective for all protected information we maintain. A current copy of the Oakdale School-Based Health Center, Notice of Privacy Practices can be obtained during any visit to Health Center.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

In some circumstances we are permitted or required to use or disclose your protected health information without obtaining your prior authorization and without offering you the opportunity to object. The following categories describe these different circumstances:

The OSBHC will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent healthcare provider with copies of various reports by way of secure mail, fax or through a health information exchange that should assist him or her in treating you.

The OSBHC will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you as well as your diagnosis, the procedures performed and the supplies used.

The OSBHC will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record generated from The OSBHC’s electronic health record or from a health information exchange to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continue improving the quality and effectiveness of the healthcare and service we provide.

BUSINESS ASSOCIATES- The OSBHC 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 protected health information about you, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information.

LOUISIANA HEALTH INFORMATION EXCHANGE- The OSBHC will participate in one or more health information exchanges (HIEs), whereby the clinic may share your health information with other healthcare providers for treatment, payment or healthcare operation purposes.
LOUISIANA DEPARTMENT OF HEALTH- The OSBHC is partially funded through the Louisiana Department of Health, Office of Public Health (OPH), Adolescent School Health Program. As part of this program, The OSBHC is required to disclose school-based health information (in connection with the operation, funding and ongoing monitoring of the school-based health center) to the Office of Public Health or its agent. This information may be compiled through a health information exchange for such purpose.

APPOINTMENT REMINDERS AND MARKETING- The OSBHC may contact you to provide appointment reminders, treatment options, or other health related benefits and/or services that may be of interest to you.

HEALTH-RELATED BENEFITS AND SERVICES- The OSBHC 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.

FUNDRAISING ACTIVITIES – The OSBHC may contact you as part of our effort to raise funds for our organization. You may notify us that you would like to opt out of fund raising communications, and we will make reasonable efforts to satisfy the request.

AS REQUIRED BY LAW.- The OSBHC will disclose your protected health information when required to do so by federal, state or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY- The OSBHC may use and disclose your protected health information 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.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES- The OSBHC may release your protected health information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

FOOD AND DRUG ADMINISTRATION –The OSBHC may disclose to the FDA your personal health information relative to adverse events with respect to food, supplements, products, product defects, or post marketing surveillance information to enable product recalls, product tracking, repairs or replacement.

EQUIPMENT VENDORS – The OSBHC may disclose your personal health information to suppliers of medical equipment and/or device information to enable product recall, product tracking, repairs or replacement.

WORKERS COMPENSATION – The OSBHC may disclose your health information to the extent authorized and to the extent necessary to comply with laws of the State of Louisiana relating to workers compensation.

PUBLIC HEALTH RISKS- The OSBHC may disclose your protected health information for public health activities. These 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 or 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 un-emancipated minor; or

• to notify the appropriate government authority if we believe that 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- The OSBHC may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS- The OSBHC may disclose your protected health information in response to and in accordance with a court or administrative order. The OSBHC may also disclose your protected health information 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.

LAW ENFORCEMENT- The OSBHC may disclose your protected health information 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; or

• about criminal conduct at The OSBHC and 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.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS- The OSBHC may disclose your protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine cause of death. We may also release health information about patients of The OSBHC to funeral directors as necessary to carry out their duties.

INMATES- If you are an inmate of a correctional institution or under the custody of a law enforcement official, The OSBHC may disclose your protected health information to the correctional institution or law enforcement official. This release would be permitted (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

FOR ADDITIONAL INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the Chief Privacy Officer, Sharon Rush, at 318-215-1413.
What is a Health Information Exchange?

A health information exchange (HIE) is a secure electronic system that allows doctors and other health care professionals to electronically share your health information. This exchange occurs in real time, which means that authorized doctors, hospitals, labs, pharmacies, nursing homes and others involved in your care can “talk” to one another electronically and create the best possible care plan for you.

What is LaHIE?
The Louisiana Health Information Exchange, or LaHIE (pronounced “La-HIGH”), 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.

What types of health information might be shared through LaHIE?
Information shared through LaHIE may include medical histories, lab results, radiology reports, physicians’ orders and consult reports, medications, allergies and notes that may help health care providers diagnose and treat you.

What about sensitive health information?
To protect your sensitive health information, LaHIE has a higher set of security rules that must be met to gain access to this information. For example, substance abuse treatment, psychiatric records and certain lab results are marked as sensitive within the LaHIE system, and access to this information requires additional safety measures from authorized users. In addition, your sensitive information is subject to special audits in which LaHIE reviews the need of authorized providers to access such information. LaHIE tracks and records every individual who accesses your information.

What will my care be like if my health information is accessible through LaHIE?
Having your health information available through LaHIE has many benefits. You may not have to fill out the same forms over and over again at doctors’ offices because your information will already be in the system. You may not have to undergo the same medical procedures and tests again and again because the results of those tests will be included in your health information. If there is a public emergency like a flood or hurricane, LaHIE is designed to help ensure that your electronic medical records will be safe and that enrolled health care providers can access them from any authorized location.

Can I choose to opt out of LaHIE?
Louisiana is an “opt in” state, which means your consent is required in order for your health information to be accessible through LaHIE. When you seek medical treatment at an organization participating In LaHIE, you will have the opportunity to opt in or opt out of LaHIE. If you choose to opt out of LaHIE, your health information cannot be accessed through LaHIE, even in an emergency situation. If your have a health emergency, and your consent has not been obtained, your electronic health information may be accessed for emergency treatment purposes only. You do have the right to revoke consent at any time, or if you have chosen to opt out, you have the right to change your mind and opt in.

Where can I find more information about LaHIE?
You may find additional information about LaHIE at: www.lhcqf.org/lahie.

LOUISIANA HEALTH INFORMATION EXCHANGE
1.225.334.9299

State Health Information Exchange Program
A service of the Office of the Legislative Coordinator for Health Information Technology
What is an Electronic Health Record?

An electronic health record, or EHR, is an electronic version of the paper charts kept by health care providers and facilities. An EHR may include clinical information such as care summaries, medical histories, lab results, radiology reports, physicians' orders and consult reports, medications, allergies and notes that may help health care providers diagnose and treat you.

How is my EHR shared?

Your EHR may be shared among health care professionals involved in your care through the Louisiana Health Information Exchange, or LaHIE (pronounced, 'La-HIGH'). LaHIE is a secure electronic system through which enrolled and authorized health care providers can access your EHR in real time. LaHIE is designed to help ensure that your EHR moves with you as you seek medical care from enrolled providers at authorized locations.

What are the benefits of having an EHR?

Imagine, for example, that you are taken to the Emergency Room. You're unconscious and unable to tell the attending physicians about your allergies. If you have an EHR that is accessible through LaHIE, the doctors may have direct access to that information and can treat you accordingly.

Or perhaps you require regular medical attention, but you are temporarily relocated due to a natural disaster such as a hurricane or flood. With an EHR, no matter where you go, your medical history may be available to enrolled health care providers through LaHIE. This will assist your doctors in providing you with the necessary medical treatment — and without having to repeat tests that you've already had done.

Having an EHR available through LaHIE may also include such conveniences as having to provide your health information only once rather than filling out repetitive paperwork at every appointment and having your prescriptions electronically transmitted so they'll be waiting for you at the pharmacy.

In addition, an EHR is designed to provide your health care providers with a more accurate understanding of your medical history so they can give you the best care possible. And because all authorized members of your health care team — from doctors and nurses to lab technicians and pharmacists — may be able to access your health information through LaHIE, your care will be more coordinated.

Who can see my EHR?

The Health Insurance Portability and Accountability Act, or HIPAA, sets rules and limits on who can see your EHR through LaHIE. Your doctor or hospital is required to provide you with a notice that explains how they may use your health information, what your privacy rights are and how you can exercise those rights. You should receive such a notice on your first visit, but you can request one at any time you like. The doctor or hospital cannot use your information in any way that is inconsistent with their notice.

Is my EHR secure?

Unlike paper records, which can be lost, damaged or stolen, EHRs are designed so that only authorized providers who are involved in your care can access your information from authorized locations.

However, no electronic system is completely secure, and there may be some risk of unauthorized access or misuse of information by authorized providers. It is important to remember that LaHIE uses state-of-the-art systems to secure your electronic health information to the greatest degree possible and to prevent access by unauthorized persons.

Where can I find more information about EHRs?

You may find additional information about EHRs at: www.lhcfq.org.

LOUISIANA HEALTH INFORMATION EXCHANGE
1.225.334.9299

State Health Information Exchange Program
### Oakdale School-Based Health Center
#### Louisiana Enrollment/Consent Form for School-Based Health Centers

**Please fill out this form in black or blue ink**

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
<th>ID# (Office use only):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Mailing Address (include city):</td>
<td></td>
<td></td>
<td></td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Student’s Date of Birth:</td>
<td>Age:</td>
<td>Sex: □ M □ F</td>
<td>Ethnicity: □ Hispanic or Latino</td>
<td>□ Not Hispanic or Latino</td>
</tr>
<tr>
<td>Race: □ American Indian or Alaska Native □ Asian □ Black or African American □ White □ Native Hawaiian or Other Pacific Islander □ More than one race</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student’s Social Security Number:</td>
<td>School:</td>
<td>Student’s Grade:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Preferred Language:** IMPORTANT **Parent/Guardian Email:**

**Important Information:**

- **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 to Student: |
  - Phone: ( )

- **Emergency Contact:**
  - Relationship to Student: |
  - Phone: ( )

- **Name of Student’s Primary Care Physician:**
  - Please check if student does not have a Primary Care Provider □
  - Phone: ( )

- **Name of Student’s Dentist:**
  - Please check if student does not have a Dentist □
  - Phone: ( )

- **Preferred Pharmacy: (Name and location):**

- **Names of siblings enrolled in School-Based Health Center:**

**Please check the type of health insurance your child has:**

- □ Medicaid/Healthy Louisiana #: ___________________________ (check one below)
  - □ Aetna Better Health □ Healthy Blue/Amerigroup Real Solutions □ AmeriHealth Caritas LA □ LA Healthcare Connections □ United HealthCare Community Plan
- □ Medicaid (dental) #: ___________________________ □ No insurance
- □ Private Insurance/Other

**Insurance Co. Name:** ___________________________

**Insurance 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? □ No □ Yes**
Does your child have any known allergies to food, medications, insects, etc.? □ No □ Yes
If Yes, please list allergies below:

If your child 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:

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.

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 the Oakdale 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 the Oakdale 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 318-215-1413. 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.

Effective Date: May 8, 2017
BY SIGNING THIS CONSENT, YOU ARE AGREING TO ALLOW THE SCHOOL HEALTH CENTER TO PROVIDE THE FOLLOWING SERVICES TO YOUR CHILD:

- 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
- Testing and/or treating sexually transmitted illnesses
- 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/guardian, understand that I will not be charged for any of the services provided at the school-based health center. I also understand that the Access Health Louisiana or the healthcare provider may bill Medicaid or other insurance providers for these services. I authorize/assign payments of authorized benefits directly to the Access Health Louisiana.

By signing below, we (student and parent/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 the Allen Parish Public School System unless the Oakdale School-Based Health Center is notified in writing, that I no longer wish for my child 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 Oakdale School-Based Health Center is operated by the Allen Parish School Board and its employees and contractors.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Signature of Student (optional)

Relationship to Student

Date

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.
CONSENT FOR OVER-THE-COUNTER MEDICATIONS

The following list of over-the-counter medications can be administered by the SBHC Registered Nurse under standing orders from the SBHC Physician:

**Medications used to relieve pain:**
- Tylenol
- Advil (Ibuprofen)
- Aleve
- Anbesol
- Cepacol Lozenges
- Chloraseptic Spray
- Midol (menstrual cramps)

**Medications used for stomach ache:**
- Pepto Bismol
- Emetrol (nausea relief)
- Maalox - Mylanta - Tums
- Dramamine-Less Drowsy Formula
- Dramamine Tablets
- Gas X
- Imodium AD (relieves diarrhea)

**Medications used for colds & stuffy nose:**
- Sudafed PE
- Tylenol Cold & Sinus
- Dimetapp Elixir
- Afrin Nasal Spray
- Claritin/Claritin RediTab
- Mucinex
- Mucinex DM

**Medications used to relieve coughing:**
- Robitussin Cough Syrup
- Sudafed Cough Syrup
- Cough Drops
- Delsym
- Mucinex Multi Symptom

**Other Medications:**
- Hydrocortizone Cream (for allergic reactions to skin)
- Lotrimin AF Cream (fungal lesions)
- Caladryl
- Vaseline
- Aloe Vera Gel
- Silvadene Cream (for burns)
- Silver Nitrate Sticks (mouth ulcers)
- Ambesol (toothache)
- Benadryl Cream
- Eargasms ear drops
- Orajel
- Proparacaine Hydrochloride Ophthalmic Solution 0.5% (to deaden eye pain prior to evaluation of eye)
- Fluorescein F Stain (to stain the eye in order to evaluate for scratches and lesions)

**NOTE: GENERIC BRANDS MAY BE SUBSTITUTED**
I give permission for over-the-counter medications except those medications listed below to be administered by the SBHC registered nurse.

---
Signature of Parent/Legal Guardian
Date

Effective Date: May 8, 2017

Page 4 of 7
### Student Medical History
(Please indicate which of the following medical conditions your child has been treated for or you have concerns your child might have)

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

### Student Surgical & Hospitalization History

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Surgery</th>
<th>Y</th>
<th>N</th>
<th>Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
<td>PE Tubes (Tubes in Ears)</td>
<td></td>
<td>N</td>
<td>Adenoidectomy</td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>Appendectomy</td>
<td></td>
<td></td>
<td>Bone or Joint Surgery</td>
</tr>
<tr>
<td>Y</td>
<td></td>
<td>Tonsillectomy</td>
<td></td>
<td></td>
<td>Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Has your child ever been admitted into a hospital? (If yes, please specify below)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Hospital</td>
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</tbody>
</table>
Family History as it relates to YOUR CHILD:

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Status (circle one)</th>
<th>Year of Birth</th>
<th>Diabetes</th>
<th>High Blood Pressure</th>
<th>Heart Disease</th>
<th>Stroke</th>
<th>Mental Illness</th>
<th>Cancer</th>
<th>Seizures/Epilepsy</th>
<th>Kidney Disease</th>
<th>High Cholesterol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>Alive</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mother</td>
<td>Alive</td>
<td></td>
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<tr>
<td>Siblings</td>
<td>Alive</td>
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<tr>
<td>Father's Father</td>
<td>Alive</td>
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<tr>
<td>Mother's Mother</td>
<td>Alive</td>
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</tr>
<tr>
<td>Mother's Father</td>
<td>Alive</td>
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</tbody>
</table>

Put a check by any diseases that the family members have:

Reviewed by: ____________________________________________ Follow-up planned by: ____________________________________________

ADDITIONAL FAMILY INFORMATION:

Are there Custody Restrictions? YES NO Name of Custodial Parent: ____________________________________________

If Yes: Joint Custody? YES NO Restraining Order? YES NO

Is your child a foster child? □ No □ Yes

Number of Siblings: ______ Sisters _______ Brothers □ Healthy

Any other Family History that you need for us to know: ____________________________________________

__________________________________________________________________________________________

* * * *

Please attach a copy of your child's immunization record! If you are unable to provide us with a copy, please help us locate the record by answering the following questions:

- Name of Health Unit or Physician’s office where the last shots were administered?
  ____________________________________________

- Have you provided the school with a copy of the immunization record? □ No □ Yes
I hereby give consent to the Oakdale School-Based Health Center to use and disclose my child’s protected health information for the purposes of treatment, payment and health care operations.

I have received a copy of the Oakdale School-Based Health Center’s “Notice of Privacy Practices,” which provides detailed information about how they may use and disclose my child’s protected health information. By agreeing to the terms provided therein, I will consent to my child’s protected health information being shared with a Health Information Exchange.

I understand that:
• I have a right to request a restriction of how his/her protected health information is used and/or disclosed, but that the request must be in writing.
• Oakdale School-Based Health Center is not required to grant my request, but if the Oakdale School-Based Health Center does grant the request, it will be binding.

__________________________
Student’s Name

__________________________
Signature of Parent or Legal Guardian

__________________________
Date