

**THE FOLLOWING PAGES
ARE FOR YOU TO REVIEW
AND KEEP FOR YOUR
RECORDS**

**Program Description
School-Based Health Center
Cincinnati Health Department**

Welcome to the School-Based Health Center. The School-Based Health Center makes medical, dental and vision care available to all students when needed. If your child/adolescent becomes **sick** at school or if your child/adolescent needs a **check-up, sports physical, immunizations, routine dental care, or a vision exam** they can have it done in the School-Based Health Center. If your child/adolescent develops a **dental** problem at school, a dentist can see your child at the Cincinnati Health Department (CHD) Price Hill Health Center (PHHC) or on the CincySmiles Dental Road Crew.

How the School-Based Health Center works:

- **You must complete** the attached consent form and the other information pages and return them to the school nurse or school office.
- If the school staff sees your child is sick or having dental problems, **they will try to contact you.** If your child needs a check-up, sports physical, routine dental care or immunizations, the center will help you get a timely appointment at the **School-Based Health Center, if it is not possible with your regular doctor or dentist.**
- The Center will then contact the nurse practitioner or pediatrician and have your child seen as soon as possible.
- Your child will be examined and treated. If necessary, a prescription will be written.
- After your child's visit with the doctor or dentist, **you will be contacted by telephone or in writing.**
- **The School-Based Health Center does not take the place of your regular doctor and joining the program does not mean you are changing your child's doctor.** You will be encouraged to have any needed follow-up care with that physician and a summary of your child's visit at CHD will be sent to that office. However, if you do not have a regular doctor, we welcome that relationship here and can become your child's doctor. **If your child is already a patient of and CHD clinics, you still have to sign this consent to be a part of the School-Based Health Center.**

The PRIMARY HEALTH CARE SERVICES we may provide include:

- Ill visits (for example, for sore throat, rash, an asthma attack) and follow-up for medical problems, including physical examination, tests and treatment/medications as needed.
- Minor injury evaluation, including first aid.
- Routine physical examination (including sports and work physicals) with immunizations, routine tests and treatments as needed.
- Health education and wellness promotion.
- Referral to outside agencies for further care that cannot be provided at the School-Based Health Center.

The DENTAL HEALTH CARE SERVICES we may provide include:

- Routine dental examination and screenings, including dental health education and preventive services such as cleaning and dental sealants to help stop tooth decay.
- Problem visits (for example, for pain, infection or injury) or visits for urgent or emergency care, to include examination, x-rays, fillings, extractions (the pulling of loose or infected teeth), necessary treatment (including medication) for oral infection or other problems, and/or other procedures (including root canals on front teeth).

Regarding PAYMENT FOR SERVICES:

- If you do not have health insurance for your child, you will be responsible for the bill at the appropriate **discounted fee.** However, no child will be denied care due to inability to pay for services.
- If you do not have health insurance for your child, information about your household income will be requested to ensure compliance with federal requirements and to determine if you qualify for reduced or waived fees based on the Cincinnati Health Department sliding fee scale. This information will be kept strictly confidential.
- If you have private insurance, you should contact their customer service department to be sure your insurance pays for services at the CHD. If your insurance does not cover CHD, you will be responsible for the bill at the appropriate discounted fee based on your household income.
- No child will be denied care due to inability to pay for services.
- **We can help you if you need assistance applying for Medicaid,** you can stop by our center or call 513-357-2809. You can also contact Urban Appalachian Council at 251-0202 or the Hamilton County Job and Family Services Department at 946-1000.

Regarding the SHARING OF HEALTH INFORMATION:

- The School-Based Health Center may request medical records/information from any health care provider or facility where your child has been seen.
- Results of the visit will be sent by the School-Based Health Center to your child’s regular doctor/clinic.
- The PHHC, School-Based Health Center and/or the Cincinnati Health Department (CHD) school nurse will share medical information with each other as needed.
- The child’s medical and any other information will only be used in the treatment, payment and health care operations of the School-Based Health Center. All of your child’s information will be kept strictly confidential according to all state and federal laws.
- The school has other community resources available, including mental health. If services for mental health are needed, the health center provider may initiate a referral to the mental health provider at your child’s school or a community site. The mental health provider will contact you for consent. The health center provider and the mental health provider will coordinate your child’s care as needed. All information will be kept strictly confidential.

**Patient Consent for Use and Disclosure
of Protected Health Information**

With my consent, School-Based Health Center or the CHD may use and disclose protected health information, (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Cincinnati Health Department’s Notice of Privacy Practice for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practice prior to signing this consent. Cincinnati Health Department reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practice may be obtained by forwarding a written request to Price Hill Health Center at 2136 W. Eighth Street, Cincinnati, OH 45204.

With my consent, School-Based Health Center may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, School-Based Health Center or CHD may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

I have the right to request that School-Based Health Center or CHD restrict how it uses or discloses my protected health information to carry out treatment, payment and healthcare operations. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to School-Based Health Center’s uses and disclosure of my Protected Health Information to carry out treatment, payment and operation.

- I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, School-Based Health Center may decline to provide treatment to me.

*Please note that the **School-Based Health Center** is completely optional. **School nursing and emergency services will still be provided as always whether you consent to the School-Based Health Center or not.**

This consent will remain in effect until your child is no longer enrolled in Cincinnati Public Schools. You may revoke this consent for treatment at any time by requesting the School-Based Health Center, in writing, to have your child removed from School-Based Health Center. Please notify us at the number below and in writing for any changes in guardianship.

Please keep this Program Description for your records.

The School-Based Health Center is an excellent way to keep your child healthy and in school. **Please let us know if there is anything keeping you from enrolling your child.** If you have any questions or need help with the application, **please call the School Health Program 357-2809 or contact your school nurse.**