



Manatee Elementary School Based Health Center Program Description

What is a School Based Health Center?

A school-based health center is a shared commitment between a community's schools and health care organizations to support students' health, well-being, and academic success by providing preventative, early intervention, and treatment services where students are - which is at school.

Students can be treated for acute illnesses, such as flu, and chronic conditions, including asthma and diabetes. They can also be screened for dental, vision and hearing problems. With an emphasis on prevention, early intervention and risk reduction, school-based health centers counsel students on healthy habits and how to prevent injury, violence and other threats.

The existing school clinic staff will continue to manage the day to day oversight of school health. The School Based Health Center will complement the school clinic by being available to all students, including those without health care, and those in need of services such as primary, mental, oral or vision care. Even if your child already has a primary care doctor, he/she can still benefit from our health services should a problem arise in school.

Why are we partnering with MCR Health?

For 40 years MCR Health has upheld the definition of community by embracing diversity and providing health care to our community and assisting those in need by collecting supplies for school children, hosting an annual holiday toy drive for underprivileged children, sponsoring sports teams, and civic clubs. MCR Health is a private, nonprofit medical group providing family practice, pediatrics, OB/GYN, behavioral health, vision, dental and many other services. They have more than 25 health centers, two mobile units, 11 pharmacies and six administrative sites. They are one of the largest, most diversified Federally Qualified Health Centers in the southeastern U.S.

How will this center work?

- You must complete the attached consent form and other information pages and send back to school with your student. Your student can bring the completed paperwork to the main office ATTN: School Based Health Center.
- You or your child may contact the **941-741-3319** and schedule appointments for physicals, immunizations, required sports and/or employment physicals, or other associated health and mental concerns once we have consents on file. The SBHC will also have a schedule of when the MCR Health vision and dental van will be here so you can schedule these appointments ahead of time.
- The School Based Health Center hours will be Monday through Friday 8:00am – 4:00pm when school is in session. The SBHC is currently scheduled to open August 2020.
- If your child is feeling sick or injured at school, they will continue to go to the School Clinic, and the current Department of Health School Nurse or Medical Technician will determine if your child would benefit from further care and follow up at the School Based Health Center. If you have a consent on file, they will refer you directly to the Health Center, any necessary treatment and prescriptions will be provided. If your child does not have a consent on file for the School Based Health Center, the school clinic staff will contact you.
- The School Based Health Center does not take the place of your child's 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 the School Based Health Center will be sent to your child's doctor. If your child does not have a regular doctor, then the staff and SBHC can serve in that role. If your child is already a patient of MCR Health, you will still have to sign this consent to utilize the Manatee Elementary School Based Health Center.

Manatee Elementary School School Based Health Center Parental Consent for Services

Office Use Only	
STUDENT INFORMATION	PARENT/GUARDIAN INFORMATION
<p>Student's Last Name: _____</p> <p>Student's First Name: _____</p> <p>Date of Birth: _____ / _____ / _____ <i>Month Day Year</i></p> <p>Student's Social Security Number: _____</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____</p> <p>Student Address: _____ _____</p> <p style="text-align: center;">_____ <i>City</i> _____ <i>State</i> _____ <i>Zip Code</i></p> <p>Who is the student's regular doctor? Name: _____ Telephone: _____ Address: _____ _____</p>	<p><u>Mother</u> Last Name: _____ First Name: _____</p> <p><u>Father</u> Last Name: _____ First Name: _____</p> <p><u>Legal Guardian, If Applicable</u> Last Name: _____ First Name: _____ Relationship of legal guardian to student <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt or Uncle <input type="checkbox"/> Other: _____</p> <p><u>Contact Information for parent or guardian</u> Home Tel: _____ Work Tel: _____ Cell: _____ Email: _____</p> <p>Preferred mode of contact: phone, text or email – please circle <u>Additional Emergency Contact</u> Name: _____ Relationship to Student: _____ Home Tel: _____ Work Tel: _____ Cell: _____</p>
INSURANCE INFORMATION	
<p>Does your child have Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes: Medicaid ID # _____</p> <p>Does your child have Florida Kid Care? <input type="checkbox"/> No <input type="checkbox"/> Yes: # _____</p> <p>If your child does not have health insurance, 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. No child will be denied care due to inability to pay for services. This information will be kept strictly confidential.</p> <p>Would you like a School Based Health Center representative to contact you about health insurance options/plans? <input type="checkbox"/> No <input type="checkbox"/> Yes What is the best time to contact you? _____</p>	<p>Does your child have coverage through your employer or any other type of health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes, Health Plan: _____</p> <p>Member ID/Policy Number: _____</p> <p>Health Insurance Phone: _____</p> <p>I understand that MCR Health will bill third parties for their services, including any applicable health insurer, or may ask students to enroll in Medicaid or another public insurance program.</p>
PARENTAL CONSENT FOR SCHOOL-BASED HEALTH CENTER SERVICES	
<p>I have read and understand the services listed on the following pages, and my signature provides consent for my child to receive services provided by the Manatee Elementary School, School Based Health Center and MCR Health, Inc.</p> <p>NOTE: A minor is a person under the age of 18. As a rule, Florida law requires a minor who seeks medical treatment to obtain the consent of a parent or guardian. However, under certain circumstances and Florida Statutes, parental consent is not required for Emergency care (FS 743.064), Family Planning and Contraceptive care (FS 381.0051), Pregnancy related care (FS 743.065) Sexually Transmitted Disease care (FS 384.30), HIV/AIDS care (FS 384.23(3) & FAC R. 64D-2.004), Drug/Alcohol care (FS 397.601), Outpatient Mental Health Services (FS 394.4784). Parental consent is not required for students who are 18 years or older or for students who are parents or legally emancipated. My signature indicates I have received a copy of the Notice of Privacy Practices.</p>	
<p>X _____ Signature of Parent/Guardian (or student if 18 years or older or otherwise permitted by law)</p>	<p>_____ Date</p>
HIPAA COMPLIANT PARENTAL CONSENT FOR RELEASE OF HEALTH INFORMATION	
<p>I have read and understand the release of health information on page 2 of this form. My signature indicates my consent to release medical information as specified.</p>	
<p>X _____ Signature of Parent/Guardian (or student if 18 years or older or otherwise permitted by law)</p>	<p>_____ Date</p>

PLEASE BE SURE TO REVIEW BOTH SIDES OF THIS CONSENT

Manatee Elementary School
School Based Health Center Parental Consent for Services

SCHOOL-BASED HEALTH CENTER SERVICES

I consent for my child to receive health care services provided by the State-licensed health professionals of MCR Health in partnership with Manatee Elementary, School Based Health Center, School District Manatee County. I understand that confidentiality between the student and the health provider will be ensured in specific service areas in accordance with the law, and that students will be encouraged to involve their parents or guardians in counseling and medical care decisions. School-Based Health Center services may include, but are not limited to:

- a. Medical care and treatment, including diagnosis and treatment of acute and chronic illness and disease, first aid for minor injuries, and dispensing and prescribing of medications.
- b. Comprehensive physical examinations including those for school, sports, working papers, and new admissions.
- c. Immunizations
- d. Medically prescribed laboratory services
- e. Health education and counseling for the prevention risk taking behaviors such as: drug, alcohol, and smoking/vaping abuse, as well as education on abstinence and prevention of pregnancy, sexually transmitted infection and HIV as appropriate.
- f. Vision services, which may include comprehensive eye exams including dilation, vision therapy, and the fitting and dispensing of vision correction
- g. Dental services, which may include dental screening, dental cleanings, dental sealants, fluoride varnish, oral health education, and referrals
- h. Provide over the counter medications and prescribe medications as they feel necessary for treatment
- i. Mental health services, including screening, assessment and counseling
- j. Referrals for health services which cannot be provided at this clinic.
- k. Annual health questionnaire/survey.

Except I DO NOT want my child to receive the following services from the above list:

If you do not want your child to receive one or more of the above services, please list here.

PARENTAL CONSENT FOR RELEASE OF HEALTH INFORMATION
HIPAA COMPLIANT PARENTAL CONSENT FOR RELEASE OF HEALTH INFORMATION

My signature on the reverse side of this form authorizes release of medical information. This information may be protected from disclosure by federal privacy law and state law.

By signing this consent, I am authorizing medical information to be communicated and shared between MCR Health, Manatee County School District, Manatee County Health Department school clinic staff and other providers (such as your child's regular doctor or dentist), on an as needed basis for treatment of my child. This may include medical or education information pertaining to psychiatric, drug and/or alcohol diagnosis and treatment, HIV/AIDS as well as education records, immunization records, suspensions/office referral data, attendance data, referrals to student service teams, and written and verbal communication with school staff related to mental health intervention.

Confidentiality between the student, parents and the health center are assured. By law, some information requires the student's signed consent prior to disclosure to anyone, including parents/guardians. The staff will encourage every student to involve his/her parent/guardian in health care decisions. I am the legal guardian of the above- named child. I understand that if guardianship changes a new consent must be signed by the legal guardian.

Upon my request, the facility or person disclosing this medical information must provide me with a copy of this form. My questions about this form have been answered. **I understand that utilization of Manatee Elementary School Based Health Center services are optional. School nursing and emergency services will still be provided as always, whether consent is given to the School Based Health Center or not.**

I understand that my consent covers only those services provided at Manatee Elementary School. I understand that I can change my mind later, if I don't want my child to receive services at Manatee Elementary School Based Health Center by providing a letter in writing to: 1609 6th Ave East Bradenton, FL 34208.

I understand this consent form remains in effect during the years my child attends manatee elementary, School District Manatee County schools, or until the clinic receives a written revocation from me.

My signature on page 1 of this form also gives my consent to the use and disclosure of my medical information for treatment, payment and healthcare operations by MCR Health and Manatee Elementary School Based Health Center.

PLEASE BE SURE TO REVIEW BOTH SIDES OF THIS CONSENT



Patient Rights and Responsibilities

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

- A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- A patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to know who is providing medical services and who is responsible for his or her care.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- A patient has the right to know what rules and regulations apply to his or her conduct.
- A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- A patient has the right to refuse any treatment, except as otherwise provided by law.
- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
- A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- A patient is responsible for following the treatment plan recommended by the health care provider.
- A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.



MCR HEALTH

INFORMED CONSENT FOR TREATMENT FORM

DATE _____

TIME _____

I hereby authorize MCR Health and the Behavioral Health Services staff, and whomever may be designated as authorized providers to administer such treatment as is necessary to provide behavioral health treatment, including but not limited to (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Individual therapy | <input type="checkbox"/> Group therapy | <input type="checkbox"/> Medication evaluation and management |
| <input type="checkbox"/> Psychological assessment/neuropsychological testing | <input type="checkbox"/> Medication Assisted Treatment (MAT) | |
| <input type="checkbox"/> Outpatient Substance Abuse Treatment | <input type="checkbox"/> Other _____ | |

I further authorize such treatment as may be considered therapeutically necessary based on findings during the course of said treatment or which may arise from presently unforeseen medical and/or psychiatric conditions.

I hereby certify that I have read and fully understand the above. The reasons why the above named treatment is considered necessary, as well as any possible alternative modes of treatment have all been explained to me.

I also certify that no guarantee or assurance has been made as to the results that may be obtained.

Patient Name (Print)

Witness signature

Witness signature

Patient Signature

Relationship

Relationship