



**SANTA ROSA CONSOLIDATED SCHOOL
LION CARE SCHOOL BASED HEALTH CENTER
717 S. 3RD STREET
SANTA ROSA, NEW MEXICO 88435
(575) 472-7747**



Dear Parents,

The School Based Health Center will be open Monday through Friday. We have contracted with an outside provider so we will have a Certified Nurse Practitioner or a Resident Doctor on Tuesdays and Thursdays from 8:30AM to 12:00PM and from 1:00PM to 3:00PM. Our school nurse will be at the high school on Wednesdays and our Social Worker will be at the high school on Tuesdays and Thursdays. The Lion Care Health Center is located at the high school. ***Transportation of Middle and Elementary School students is available upon request and permission by parent.*** We hope you will take advantage of these services that are available to all students in the district. Please call if you wish to make an appointment with our provider, the school nurse or the social worker.

School-Based Health Centers (SBHC) helps improve the lives of New Mexico students because they place essential services in exactly the right environment – our schools. SBHC support student success because healthy students are better learners.

Advantages of SBHC

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- SBHC students have direct access to healthcare providers while they are at school in a convenient and confidential setting.
 - SBHC serve all students, whether or not they have insurance.
 - Students do not have to miss as much class to receive basic healthcare.
 - Transportation problems in seeking healthcare are reduced.
 - Risky behaviors are identified and addressed.
 - Students learn how to use medical services in a non-intimidating environment.
 - Referrals are made to appropriate community providers.
 - Schools respond better to emergencies because they have trained medical and mental health staff on-site.
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OUR HEALTH CENTER DOES NOT DISTRIBUTE BIRTH CONTROL OR CONTRACEPTIVE DEVICES

Students Who Have Access to SBHC inside Their Schools

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- Are less intimidated about seeking services.
 - Comply with scheduled appointments with very few “no-shows”.
 - Get services from on-site providers who can follow-up informally and who have a broader understanding of the student’s functioning in his or her peer group and in school.
 - Have positive role models within the healthcare professionals.
 - Have fewer ER visits, lower rates of absenteeism, and higher graduation rates.
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Please fill out the attached forms and send them back to your child’s teacher with all the other school required forms. If you have any questions or concerns please contact our office at the above number or 575-472-3422 at the high school.

Respectfully,

Cara Pacheco, SBHC Coordinator

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Santa Rosa Lion Care Health Center (LCHC) is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. **Santa Rosa LCHC** is also required to abide by the terms of the version of this Notice currently in effect.

Uses and Disclosures of PHI: Santa Rosa LCHC may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

For treatment. This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

For payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.

For health care operations. This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

Use and Disclosure of PHI Without Your Authorization. **Santa Rosa LCHC** is permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- To avert a serious threat to the health and safety of a person or the public at large;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient Rights: As a patient, you have a number of rights with respect to your PHI, including:

The right to access, copy or inspect your PHI. This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact our privacy officer.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact our privacy officer.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you. **Santa Rosa LCHC** is not required to agree to any restrictions you request, but any restrictions agreed to by **Santa Rosa LCHC** in writing are binding on **Santa Rosa LCHC**.

If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Your Legal Rights and Complaints: You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to our privacy officer.

Privacy Officer Contact Information:

Santa Rosa Lion Care Health Center
Northeastern Regional Educational Cooperative
Email: caralchc@gmail.com

Address 717 S. 3rd Street, Santa Rosa, NM 88435
Phone: 575-472-7747

ANNUAL PATIENT REGISTRATION FOR SBHC SERVICES

SANTA ROSA LION CARE HEALTH CENTER School Year 2018-2019

STUDENT INFORMATION	Patient Name (last, first, middle)	Date of Birth	Social Security Number	Grade	
			Student ID Number		
	Patient Address (street, city, state, and zip)	Patient Phone - home			
		Patient Phone - Cell			
	Parent(s)/Legal Guardian(s) Name(s)	Patient Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
		Patient Race <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			
	Parent(s)/Legal Guardian(s) Address (street, city, state and zip)	Home Phone			
Work Phone					
Cell Phone					
Emergency Contact Person Name and Relationship to Patient	Emergency Phone - Home				
	Emergency Phone - Cell				
	Emergency Phone Work				

PRIMARY CARE INFORMATION	Primary Care Provider		Primary Care Provider Phone Number	
	Primary Care Provider Address			
	Comprehensive Well Exam (physical, EPSDT, well child visit, annual check-up) in last 12 months?_yes_no_Not sure		**Annual comprehensive well exams are recommended by the American Academy of Pediatrics to ensure health concerns are identified and treated long before they become chronic. If you have a primary care provider, but have not had a well exam in the last 12 months please schedule one with your primary care provider.**	
If you do not have a primary care provider, the SBHC is able to provide a well exam for you (your child). Would you like your child to have a well exam in the SBHC this school year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
HEALTH HISTORY	List any allergies	List any health chronic health conditions	List hospitalizations or surgeries: When/Where	List current medications/ dosages
	List any family health conditions which may be inherited (i.e. high blood pressure, heart disease, diabetes):			

INSURANCE INFORMATION	Name of Health Insurance (If no insurance coverage, please enter N/A)	Medicaid Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Centennial Care <input type="checkbox"/> United CC <input type="checkbox"/> Molina CC <input type="checkbox"/> Presbyterian <input type="checkbox"/> Fee for service		
		Medicaid Number		
	Policy Number			
	Name of Policy Holder	Relationship to Patient		

SCHOOL BASED HEALTH CENTER Consent for Services

I give permission for my child, _____, to receive SBHC services while he/she is enrolled in this school and for SBHC staff to access my child's class schedule (for appointment purposes only). I understand that SBHC services are confidential, except in a life-threatening situation or when emergency services are needed and in accordance with the law. I give permission to the SBHC to exchange pertinent information to appropriate persons, including school nurses and counselors, for the purpose of providing healthcare, diagnosis, treatment and counseling services, as well as for maintaining quality and safety. I understand that SBHC health records are confidential and will not be shared unless written consent is provided by the student and/or parent/guardian. I have received a copy of the HIPAA Notice of Privacy Practices. I understand that New Mexico law does not require parental consent for treatment or advice about sexually transmitted diseases, pregnancy or contraception to minors under 18 years of age and behavioral health counseling services to minors age 14 years or older. **Unless I choose to withdraw my consent in writing, this authorization will continue for the entire period of time my child is enrolled in this school.**

Signature of Parent or Guardian

Date

Signature of Student, if 18 years or older

Date