

## **King Student Health Center Enrollment Information**

The King Student Health Center is a multi-service clinic that has been established as a partnership between Portland's Health & Human Services Department - Public Health Division, Portland Public Schools, Maine Medical Center and Community Counseling Center to provide more accessible physical, dental and mental health care to Portland's children. The goal is to keep students healthy and in school. **If your child already has a regular doctor, dentist or mental health provider, he/she can still utilize Student Health Center services.** When there is a regular provider involved with a child's care, the work of the Student Health Center is to supplement and complement the services of these core providers and communicate with them on an on-going basis as appropriate.

### **Eligibility**

Any King Middle School student with a completed and parent-signed enrollment form on file (see attached) may use the services of the Student Health Center throughout the current school year. We will allow one initial visit to the Health Center with a verbal consent from the parent, but thereafter, a signed consent is required before a student can continue to access services.

### **Services**

In most cases, students are first seen by the school nurse or social worker and referred on to the Student Health Center services as appropriate with a pass that releases them from class. Services are offered by appointment, but often same-day slots can be accommodated for students with acute care needs. All students are entitled to unlimited use of the Health Center throughout the school year.

A few of the services offered at the Student Health Center are listed below.

- Treatment of acute illness or minor injury (sore throats, bronchitis, muscle strain, etc.)
- Management of chronic health conditions (acne, asthma, allergies, etc.)
- Reproductive health services including risk assessment and counseling, testing and treatment of sexually transmitted infections, birth control services for sexually active students, pregnancy testing
- Physical exams and Immunizations
- Preventive dental services (screening, cleaning, fluoride, sealants, etc.; not restorative treatment)
- Psychiatric evaluations and follow-up

### **Staff**

The Student Health Center staff consists of a pediatrician, nurse practitioner, dental hygienist, oral health care manager and two clinic assistants. Community Counseling Center offers psychiatric evaluations and follow-up provided by a psychiatric nurse practitioner. Counseling services are available at the school through a separate agency, but this service is not part of the Student Health Center. The school nurse and social workers are not employees of the Student Health Center, but work closely with them as team members to coordinate student referrals into the clinic and assist with follow-up as needed.

### **Parent Involvement**

The Student Health Center invites parents to be an integral part of a student's health care. Parents are welcome to call or make an appointment to come in to the Student Health Center anytime during the school year with questions or concerns about their child's health or accompany them to a Health Center visit as appropriate. Staff will make every effort to inform parents about their child's diagnosis and treatment when appropriate. See section on confidentiality below for more information regarding staff-parent communication.

**(See back)**

### **Cost for Physical Health Services**

When able, we will be billing most private insurances as well as MaineCare/Medicaid. Currently, there are no co-pay fees, but families may be billed for Student Health Center services not covered by their insurance. Additionally, the cost of services provided outside the Student Health Center, such as prescriptions, lab work or diagnostic tests, are the responsibility of the student's family. For those families who do not have health insurance for their child, the Student Health Center staff can assist with making an application for MaineCare coverage. **No student will be denied services due to lack of insurance coverage or inability to pay.**

### **Cost for Dental Health Services**

When able, we will be billing MaineCare/Medicaid for dental services, but are currently unable to bill private insurance. If students have private insurance or are uninsured, there currently is no fee. In the future, we hope to be able to bill privately insured students if/when this opportunity arises. The cost of any dental treatment services provided outside the Student Health center such as x-rays, fillings, extractions and other restorative care, are the responsibility of the student's family. **Once again, no student will be denied services due to lack of insurance coverage or inability to pay.**

### **Cost for Mental Health Services**

Community Counseling Center will be billing for both privately insured students and those who have MaineCare/Medicaid coverage. There may be co-pays associated with the delivery of these services. A sliding fee scale may be used for students who lack health insurance coverage. **Once again, no student will be denied services due to lack of insurance coverage or inability to pay.** Counseling services provided by the separate counseling agency at King Middle are not part of the Student Health Center. Billing and fee arrangements would therefore be separate from Community Counseling Center.

### **Confidentiality**

By law, all medical, dental and mental health information kept in any student's clinic health record is confidential and will remain locked at the Health Center site. Health records will only be released from the Student Health Center with written consent from the parent, legal guardian or student as appropriate. Whenever possible, students are encouraged to share their health concerns and treatment information with their parents. However, please note that the law allows minors to seek services from health care providers for issues related to reproductive health, mental health or substance abuse without requiring parental notification. (22 M.R.S.A. can be found at <http://janus.state.me.us/legis/statutes/22/title22ch0sec0.html> ) In cases where abuse or neglect is suspected, the appropriate authorities will be notified as required by law. In crisis situations, such as when a student is actively considering suicide, the parent will be notified and immediate crisis intervention will be sought.

### **Hours of Service**

The Student Health Center is open Monday, Wednesday and Thursday during the school week. The hours of operation vary depending on the type of service being offered. During weekends, school vacations and holidays, the Student Health Center will be closed. We encourage you to contact your child's regular doctor or health care provider if a health need arises during those times.

### **For Further Information**

Listed below are phone numbers to call for further information about the King Student Health Center and how to enroll.

- Portland Public Health Division 874-8919
- King Student Health Center 756-8499
- Laura McNeill, school nurse 874-8140
- Eleanor Mavadones, school social worker 874-8140

**2009-2010**  
**Student Health Center Enrollment Form**  
**Grades 6-12**

**Parents** - Please complete and sign this enrollment form that allows your child to use the Student Health Center for one year. For special situations, students are allowed to complete and sign the enrollment form themselves. **(See consent section on back).**

Student Name _____			Date of birth _____			Gender: ___ male ___ female		
School _____			Grade level _____			Student ID # _____		
Race: ___ White ___ Black ___ Asian			___ Native American/Alaskan native			___ Native Hawaiian/Pacific Islander		
___ Other race (Specify) _____			___ Two or more races (Specify) _____					
Are you Latino or Hispanic? ___ yes ___ no			What country were you born in? _____					
What is the primary language spoken in your home? _____								
Address: _____			Zip _____			Home Phone: _____		
Parent work phone: _____			Parent cell phone: _____			Student cell phone: _____		
Parent(s) or legal guardian(s) _____			Address (if different than above) _____					

**Student Health Information**

**Please complete the following important information that will help us to know about your child's health needs:**

Doctor/Health Care Provider: \_\_\_\_\_ Check here if your child does not have a health care provider: \_\_\_

My child had his/her last physical exam within the last two years. \_\_\_ yes \_\_\_ no \_\_\_ don't know

My child will need immunizations this year. \_\_\_ yes \_\_\_ no \_\_\_ don't know

Significant past illnesses, injuries or hospitalizations \_\_\_\_\_

Allergies: \_\_\_\_\_ Asthma: \_\_\_ yes \_\_\_ no Cardiac disorder: \_\_\_ yes \_\_\_ no

Other physical, dental or mental health problems: \_\_\_\_\_

Current medications: \_\_\_\_\_

Family Health History – Please check off where there is a family history of any of the following health conditions:

___ Allergies	___ Diabetes	___ Immune disorder
___ Asthma	___ Heart disease	___ Mental illness
___ Alcohol or drug abuse	___ High blood pressure	___ Seizure disorder
___ Cancer	___ High cholesterol	___ Tuberculosis

Does your child receive yearly dental care? \_\_\_ yes, at a private dentist  
\_\_\_ **yes, at Community Dental**  
\_\_\_ **no, we need a dentist/dental care**

**If your child does not have a dentist or goes to Community Dental, would you like your child to receive preventive dental services at school?** \_\_\_ yes \_\_\_ no

Does your child have dental pain (toothache)? \_\_\_ yes \_\_\_ no

**(See back)**

**Health Insurance Information (VERY IMPORTANT – PLEASE COMPLETE)**

Do you have Medicaid/MaineCare coverage? \_\_\_\_ yes \_\_\_\_ no    Do you have private insurance coverage? \_\_\_\_ yes \_\_\_\_ no

If employed, name of insured parent's employer \_\_\_\_\_ Check here if you have no health insurance \_\_\_\_

If you have MaineCare or private insurance, please provide us with a photocopy of your insurance card or fill-in the information on the blank sample card shown below. You may also have your child bring the card to us at the health center and we will make a copy.

Title of card _____
Insured person's name _____
Policy ID or Medicaid # _____
Group # _____
Physician _____

**Consent to use the Student Health Center**

**I give permission for my child, \_\_\_\_\_, to use the Student Health Center for one year which may include receiving physical, dental or mental health services.**

**\* I understand that my signature indicates that I have received and read the Student Health Center Enrollment Information.**

**\* I understand that my signature indicates that I have received a copy of the Privacy Notice.**

**\* I understand that my signature also gives permission for Student Health Center staff to access my child's school health record and share pertinent health information between the Student Health Center staff and school nurse or school social worker when it is deemed appropriate for treatment purposes.**

**\* I understand that my signature allows for pertinent physical, dental and mental health information to be shared between the Student Health Center staff and my child's doctor or dentist as well as personnel from Community Counseling Center when and if my child is accessing those services in order to facilitate treatment services.**

**\* I understand that I may revoke this authorization at any time by written notice sent to the address below. Such revocation shall not affect any uses or disclosures permitted by your authorization while it was in effect.**

**Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_**

**Print Name: \_\_\_\_\_ Relationship \_\_\_\_\_**

Students may sign for themselves in the following special situations:

1. Students who are 18 years old or older
2. Students who are married
3. Students who are emancipated (requires legal court action)
4. Students who are living independently (living separately from parent or guardian for at least 60 days and independent of parental support).

I am a student who fits into one or more of the four special situations listed above and can sign consent for myself. (Please circle the number(s) that fit your situation) -            1            2            3            4

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to the Student Health Center or school nurse; or mail/fax to:  
City of Portland, Health & Human Services Department, Public Health Division  
166 Brackett Street  
Portland, ME 04102  
Fax 874-8477**