

# School-Based Health Center Consent & Enrollment Form

This consent outlines information that will help the School-Based Health Center (SBHC) better understand the patient's medical history to provide the highest quality of care. You will **not be billed** for services received at the SBHC. By signing this consent, you (or student if 18 years of age) agree to the SBHC providing services for the patient which may include: comprehensive and preventive care, physical exams, health screenings/assessments, lab/diagnostic testing, acute care, chronic disease management, behavioral health services, ER follow-ups, specialty referrals, and telehealth services. **If the patient is in need of immunizations, a separate consent must be signed. This consent is valid at any SBHC operated by Access Health Louisiana. This information must be updated annually if medical history, contact or insurance information changes.**

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School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

## PATIENT REGISTRATION INFORMATION:

☐ Check if Patient is 18 years of age

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email (if Student is 18 years+): \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Status: ☐ Student ☐ Non-Student

Access to a Smartphone, Tablet, or Computer?: ☐ Yes ☐ No Access to WIFI? ☐ Yes ☐ No

## Patient Demographics:

Language: ☐ English ☐ Spanish ☐ French ☐ Patient Declined

Race: ☐ White ☐ Black ☐ Asian ☐ Arab ☐ Other ☐ Patient Declined

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Patient Declined

## Contact Information (Next Kin):

Parent/Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

☐ Consent to receive calls

☐ Consent to receive text messages

Email: \_\_\_\_\_ ☐ Register for Patient Portal Access

Parent/Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## INSURANCE INFORMATION:

**Parents/guardians (patients) will never receive a bill for services received at the school-based health center.**  
Access Health Louisiana bills insurance for services rendered. Please attach a copy of the patient's insurance card to this form or send it to the clinic.

My child has: ☐ Medicaid ☐ Commercial ☐ No Insurance Coverage

### Patient's Medicaid Insurance Coverage:

☐ Aetna ☐ AmeriHealth Caritas ☐ Healthy Blue LA  
☐ Humana ☐ Louisiana Healthcare Connections ☐ United Healthcare

Medicaid Policy ID # \_\_\_\_\_

Medicaid Group ID # \_\_\_\_\_ Phone: \_\_\_\_\_

### Patient's Commercial Insurance Coverage: (Complete if covered by parent/guardian/spouse's insurance.)

Patient's relationship with guarantor: ☐ Mother ☐ Father ☐ Stepmom ☐ Stepdad ☐ Guardian ☐ Other

Policy Holder (Guarantor): \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Policy ID# : \_\_\_\_\_ Group ID#: \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Policy Holder's Employer: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

## PATIENT'S OUTSIDE CARE TEAM INFORMATION:

This information allows us to communicate with the patient's outside providers for continuity of care.

Pediatrician or PCP: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Patient's Last Well Visit: \_\_\_\_\_ ☐ Don't Know

Would you like the patient to receive their **annual well visit** at the SBHC? ☐ Yes ☐ No

Would you like the patient to receive their **sports physical** at the SBHC? ☐ Yes\* ☐ No

*\*If Yes, the Louisiana High School Athletic Association form will be sent to the parent for completion.*

Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you consent to having **fluoride varnish** applied to the patient's teeth during annual well visits at the school-based health center to prevent cavities? ☐ Yes ☐ No

Preferred Pharmacy: \_\_\_\_\_ Location/Phone: \_\_\_\_\_

Would you like to send the patient's prescriptions through the **Access Health Louisiana Pharmacy** which offers **Free Home Delivery** and prescription assistance programs? ☐ Yes ☐ No

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PATIENT'S MEDICAL HISTORY:** Check any item that applies to patient's medical/behavioral history.

✓ Yes

✓ Yes

✓ Yes

|  |                        |  |                                  |  |                           |
|--|------------------------|--|----------------------------------|--|---------------------------|
|  | ADHD                   |  | BIRTH DEFECTS                    |  | PRE-DIABETES              |
|  | ALLERGIES              |  | BLOOD DISEASES                   |  | EAR OR HEARING PROBLEM    |
|  | ANEMIA                 |  | CANCER                           |  | ENDOCRINE DISORDER        |
|  | ASTHMA                 |  | CHRONIC EAR INFECTIONS           |  | GASTROINTESTINAL PROBLEMS |
|  | AUTISM                 |  | DEPRESSION                       |  | HEADACHES (FREQUENT)      |
|  | ANXIETY                |  | DIABETES                         |  | HEART PROBLEMS            |
|  | HIGH BLOOD PRESSURE    |  | OTHER MENTAL CONDITION:<br>_____ |  | MUSCLE/JOINT PROBLEMS     |
|  | SEIZURES               |  | SKIN PROBLEMS                    |  | URINARY PROBLEMS          |
|  | VISION OR EYE PROBLEMS |  | OTHER:                           |  | OTHER:                    |

If your child has **ASTHMA**, do you consent to them participating in asthma education classes on campus? You will be notified when your child's class begins. ☐ Yes ☐ No

Has the patient ever been admitted to a hospital for a medical or mental health condition? Yes ☐ No ☐

If yes, in what year? \_\_\_\_\_ Hospital: \_\_\_\_\_ Condition: \_\_\_\_\_

Has the patient ever had surgery? ☐ Yes ☐ No For what? \_\_\_\_\_

**Family Medical History:** Please check any item that applies to the patient's family medical history below.

✓ Yes

Which Relative?

|  |                             |  |
|--|-----------------------------|--|
|  | Allergies                   |  |
|  | Alcoholism/Drug Use         |  |
|  | Anemia                      |  |
|  | Asthma                      |  |
|  | Blood Diseases              |  |
|  | Cancer                      |  |
|  | Diabetes                    |  |
|  | Pre-Diabetes                |  |
|  | Depression                  |  |
|  | Endocrine Disorder          |  |
|  | Genetic Disorder            |  |
|  | Gastrointestinal Problems   |  |
|  | Heart Disease before age 55 |  |
|  | High Blood Pressure         |  |
|  | Mental Health Problems      |  |
|  | Seizures                    |  |
|  | Other:                      |  |

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Patient's Allergies:**

| ALLERGY (List medicine or food allergies) | REACTION |
|-------------------------------------------|----------|
|                                           |          |
|                                           |          |
|                                           |          |

A list of medications used at the school-based health center is attached to this consent. If there is a medication that **you do not want the patient to receive**, please list it here:

|  |  |
|--|--|
|  |  |
|  |  |

**Patient's Medications for Medical and/or Mental Health (ADHD, Anxiety/Depression, etc.):**

| MEDICATION NAME | DOSE STRENGTH | FREQUENCY (How Often) |
|-----------------|---------------|-----------------------|
|                 |               |                       |
|                 |               |                       |
|                 |               |                       |

**Uninsured patients** needing prescriptions filled and delivered through our Access Health Louisiana Pharmacy **must complete this form**. Free Home Delivery of prescription medications is offered for all patients regardless of insurance type. Depending upon your home address, medications may be delivered via courier service or USPS.

**AHL Self-Declaration Pharmacy Form for Uninsured Patients ONLY:**

**PATIENT INFORMATION**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Declaration of Income and Family Size:**

I declare that my household ☐ weekly ☐ bi-weekly ☐ monthly ☐ annual income is \$\_\_\_\_\_.

I also certify that a total of \_\_\_\_\_ people (including spouse, children, parents, grandparents, etc.) are supported by the income.

I am requesting that my eligibility be considered due to:

☐ Self-employment ☐ Unemployed ☐ Other: \_\_\_\_\_

☐ Seasonal worker ☐ Transitional Housing (Homeless)

I certify that the information that I provided is correct and I authorize Access Health Louisiana to use it. I understand that this information will be used to determine my eligibility for a sliding scale discount for health services.

Parent/Guardian/Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Access Health Louisiana**

**Patient Consent & Enrollment in School-Based Health Services**

This patient has the following siblings attending the **same** school:

| NAME OF SIBLING: | GRADE LEVEL: |
|------------------|--------------|
|                  |              |
|                  |              |
|                  |              |
|                  |              |
|                  |              |

**ACKNOWLEDGMENT:** I have received and read the enclosed Notice of Privacy Practices/Confidentiality Statements, Medication List, and Policy/Procedures for School-Based Health Center services operated by Access Health Louisiana. I have had the chance to ask questions about any matters I do not understand. I also understand that these notices outlining the services provided at the school-based health center can be viewed and downloaded by visiting the school-based health center’s individual webpage on [accesshealthla.org](https://accesshealthla.org)

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian  
(or Patient if over age 18)

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
(or Patient if over age 18)

\_\_\_\_\_  
Date

☐ Check if you consent for the patient’s photo to be used to promote school-based health center services on the Access Health Louisiana or school website and/or social media.

☐ Check if you consent for the patient’s photo to be used in their medical record in Athena Electronic Medical Record (EMR).

How did you hear about our school-based services?

- ☐ School Event    ☐ Social Media    ☐ School Website    ☐ Parent/Teacher    ☐ Other

The following documents included in this School-Based Health Center Consent for Care packet includes:

- Notice of Patient Rights & Privacy
- SBHC Policy & Procedures
- SBHC Medication List



## Access Health Louisiana

### School-Based Health Center Program Medication List

**OVER THE COUNTER MEDICATIONS:** \*Generics may be substituted for brand name based upon availability.

| Pain Relievers:            | Eye:                             | Skin:                   | Allergy: |
|----------------------------|----------------------------------|-------------------------|----------|
| Acetaminophen/Tylenol      | Contact Lens Solution            | Hydrocortisone Cream 1% | Benadryl |
| Benzocaine                 | Saline Solution                  | Lotrimin Cream          | Claritin |
| Ibuprofen                  | Visine Eye Relief                | Compound W Freeze       | Zyrtec   |
| Bactine Spray              | Artificial Tears                 | Benzocaine              |          |
| Aleve                      | Ketotifen Eye Drops              | Normal Saline           |          |
| Motrin                     |                                  |                         |          |
| Toothache:                 | Urinary:                         | Ear:                    |          |
| Anbesol                    | Urinary Pain Relief              | Debrox                  |          |
| Orajel                     |                                  |                         |          |
| Cough & Cold:              | Gastrointestinal:                |                         |          |
| Sudafed                    | Maalox                           |                         |          |
| Sudafed PE                 | Pepto Bismol (Calcium Carbonate) |                         |          |
| Children's Triaminic Cold  | Emetrol                          |                         |          |
| Dimetapp Elixir            | Probiotic                        |                         |          |
| Robitussin Cough Syrup     | Tums                             |                         |          |
| Mucinex                    | Gas X                            |                         |          |
| Tylenol Sinus              | Pepcid                           |                         |          |
| Nasal Spray Relief (Afrin) | Imodium                          |                         |          |
| Delsym Cough               |                                  |                         |          |
| Chloraseptic Spray         |                                  |                         |          |
| Cough Drops                |                                  |                         |          |

### PRESCRIPTION MEDICATIONS:

| Skin:        | Steroids:     | Nausea/Vomiting:   | Antibiotics:  |
|--------------|---------------|--------------------|---------------|
| Silvadene    | Dexamethasone | Zofran/Ondansetron | OPH Formulary |
| Mupirocin    | Prednisone    |                    |               |
| Ketoconazole | Prenisolone   |                    |               |

### EMERGENCY USAGE MEDICATIONS:

| Pulmonary/Breathing:  | Blood Sugar Regulation: | Steroids:       |
|-----------------------|-------------------------|-----------------|
| Albuterol             | Glucagon                | Dexamethasone   |
| Xopenex               | Glucose Tablets/Gel     | Prednisone      |
| Allergic Reaction:    | Fainting:               | Prednisolone    |
| Epinephrine Injection | Ammonia                 | Overdose:       |
|                       |                         | Narcan/Naloxone |

THIS MEDICATION LIST HAS BEEN APPROVED BY CHIEF MEDICAL DIRECTOR:

*Kevin O. Joseph, M.D.*

Kevin O. Joseph, M.D. Date: July 1, 2025

**SCHOOL-BASED HEALTH  
CENTER 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.**

Access Health Louisiana's School-Based Health Center (SBHCs), are sponsored in collaboration with the School District, and are required by law to maintain the privacy of your protected health information and to provide you with notice of its legal duties and privacy practices with respect to your protected health information. This Notice of Privacy Practices describes the legal obligations of the SCHOOL-BASED HEALTH CENTER and your legal rights regarding your protected health information held by Access Health Louisiana under the Health Insurance Portability Act of 1996 (HIPPA). HIPPA protects only certain information known as "protected health information" or "PHI". Generally, PHI is individually identifiable health information, including demographic information, collected from you or create 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 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. You are asked to provide a signed acknowledgement of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your PHI and your privacy rights. The delivery of health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your PHI for treatment, payment and healthcare operations when necessary.

**School-Based Health Center:** We consent to the exchange of relevant health information (including information about physical exams, health histories, and other information) between the school nurse program and the health center staff as needed in order to facilitate evaluation of this student's health needs, special education multi-disciplinary referrals, and immunization records. We understand that due to the confidential nature of services provided at the health center, only information regarding crisis or threat of grave or serious harm to self or others will be shared with the school principal. Your medical record will be maintained in electronic form as a single unified medical record and may be used by the School-Based Health Center for treatment, payment, and healthcare operations purposes. Any request for your medical record will encompass the entire unified record unless otherwise specified by you in a written authorization.

Each time a student visits an Access Health Louisiana sponsored SCHOOL-BASED HEALTH CENTER, a record of the visit is made. This information, often referred to as your health or medical record, serves as a:

- Documentation of your students symptoms, examinations and test results, diagnoses and treatment;
- Means of communication among the many health care providers who contribute to your care;
- Means by which you or a third-party payer can verify that services billed were actually provided;
- Source for information for public health officials charged with improving the health of the state and the nation; and
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure it is correct, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

**HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

All Access Health Louisiana School-Based Health Centers collect PHI from you and stores it in an electronic medical record chart on a computer. This is your medical record. The medical record is our property, but the information in the medical record belongs to you. We protect the privacy of your PHI. The following categories describe the different circumstances the School-Based Health Center may use or disclose your PHI without obtaining your prior authorization and without offering you the opportunity to object. Not every use or disclosure in a category will be listed.

However, all of the ways we are permitted to use and disclose PHI will fall within one of the categories:

- **For Treatment:** We may use and disclose your PHI to provide treatment to you. We may disclose your PHI to other providers, doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at the School-Based Health Center. For example, a nurse practitioner treating you for a broken bone may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that he or she can arrange for appropriate meals. Different departments of the School- Based Health Center may also share medical information about you in order to coordinate the different things you need, such as medications, lab work, and x-rays, and we may disclose your PHI to third parties with whom we coordinate to manage your care.
- **To Obtain Payment:** We may use and disclose your PHI as requested by your health plan payer, in order to be reimbursed for the services we provide to you. For example, we may release to Medicaid the service we rendered to you and your diagnosis. Your insurance company may ask for information to determine when a condition was first diagnosed.
- **For Health Operations:** We may use and disclose your PHI for our day-to-day operations and functions, such as quality assessment/improvement activities, business planning and development, and resolution of internal grievances. For example, we may compile your health information, along with that of other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the quality of care provided at our School-Based Health Center. We may also disclose information to doctors, nurses, technicians, medical students, and other School-Based Health Center personnel for review and learning purposes and to improve the quality and effectiveness of the services you receive.
- **To Business Associates:** We 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 PHI about you, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI.
- **Health-Related Benefits and Services:** We 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.

- **For Communications:** We may contact you to provide appointment reminders, information about treatment alternatives or request that you contact us to discuss medical information. We will leave these messages with whoever answers your phone, if you are unavailable, or on your answering machine, via email and/or text message.
- **Research:** Under certain circumstances, we may use and disclose deidentified health information about you for research purposes through a special approval process designed to protect patient safety, welfare, and confidentiality. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. We may also disclose deidentified health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the information they review does not leave School-Based Health Center Electronic Medical Record.
- **To Avert a Serious Threat of Health or Safety:** We may use and disclose health information about you 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.
- **For Marketing:** We may contact you via phone, text message or email as part of our effort to provide health education to students and their families.

## SPECIAL SITUATIONS

- **Public Health Risks:** We may disclose your PHI for public health activities. The 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 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.
- **Victims of Abuse, Neglect, or Domestic Violence:** We may notify the appropriate government authority if we believe 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:** We may disclose your PHI to a health oversight agency for compliance with civil rights laws.
- **Judicial and Administrative Proceedings:** We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal to the extent expressly authorized by such order. We may also disclose your PHI 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.

We may also use or disclose your PHI in the following circumstance. However, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.

- **Individuals Involved in Your Care or Payment for Your Care:** We may disclose your PHI to a parent/guardian who is involved in your medical care and listed on the consent/enrollment form.

## WHEN WE MAY NOT USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Except as described above, disclosures of your PHI will be made only with your written authorization. You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

## 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 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 surgery you had.

Except as provided below, we are not required to agree to the restriction that you request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Effective July 1, 2025, we will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the Access Health Louisiana sponsored School-Based Health Center has billed commercial insurance or Medicaid. The School-Based Health Center is not responsible for notifying subsequent health care providers of your request for restrictions on disclosures to health plans for those items and services, so you will need to notify other providers if you want them to abide by the same restriction.

To request restrictions, you must make your request in writing. 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.

**Right to Request Confidential Communications:** You have the right to receive your PHI in a certain way or at a certain location. For example, you can ask if we only contact you by mail. Requests must be in writing and specify how and where you wish to be contacted. You will be responsible for the additional costs, if applicable.

**Right to Inspect and Copy Health Information:** You have the right to inspect and receive a copy of your PHI. 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 PHI 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 agreed upon. We may charge a reasonable cost-based fee consistent with HIPPA and Louisiana law.

Despite your general right to access your PHI, 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 you 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 of 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. 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:** You have a right to request that we amend your PHI that, in your judgment, is incorrect or incomplete for as long as the information is kept by or for the School-Based Health Center.

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 for information that:

- Was not created by us, unless 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 School-Based Health Center;
- 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. 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 an Accounting of Disclosures:** You have a right to receive an accounting of certain disclosures of your PHI made during the six-year period preceding the date of your request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. We do not have to account for the following disclosures: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations unless HIPPA provides otherwise; (ii) disclosures made to you; (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts; (iv) disclosures for national security or intelligence purposes; (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure; (vi) disclosures that occurred prior to April 14, 2003; (vii) disclosures made pursuant to an authorization signed by you; (viii) disclosures that are part of a limited data set; (ix) disclosures that are incidental to another permissible use or disclosure; or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. We will charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to a Paper Copy of This Notice:** You have a right to a paper copy of this Notice of Privacy Practices.

## OUR DUTIES

- We are required by law to maintain the privacy of your PHI.
- We are required to provide you this Notice of Privacy Practices, which describes our legal duties and privacy practices with respect to PHI.
- We are required to notify you in the event that we discover a breach of unsecured protected health information, as that term is defined under federal law.
- We are required to follow the terms of this Notice of Privacy Practices. We reserve the right to amend this Notice of Privacy Practices at any time in the future and to make those changes applicable to all PHI that we maintain. Prior to October 1, 2013, if we make any material changes to this Notice of Privacy Practices, we will provide you a copy of the revised Notice of Privacy Practices. After October 1, 2013, any revised Notice of Privacy Practices will be posted on our website, and the revised Notice of Privacy Practices will be available from us upon request.

## FOR MORE INFORMATION OR TO REPORT A CONCERN

**How to Exercise a Right:** If you would like to have a More detailed explanation of these rights contact Access Health Louisiana's School-Based Division at 1-866-530-6111. If you would like to exercise any of your rights, please submit a request in writing to: **Access Health Louisiana School-Based Health Center Division, 2900 Indiana Avenue, Kenner, LA 70065.**

**Complaints & Contact Information:** To obtain more information about this Privacy Notice or to file a complaint about this Notice of Privacy Practices or how we handle your PHI, contact: Access Health Louisiana School-Based Health Center Division (504) 575-3700. You may also submit a complaint to the Office for Civil Rights of the U. S. Department of Health and Human Services if you believe your privacy rights have been violated. You will not be penalized, or in any other way retaliated against, for filing a complaint.

This Notice of Privacy Practices was amended on July 1, 2025

## School-Based Health Center Policy Statements and Procedures

### A. PURPOSE:

Access Health School-Based Health Centers (“SBHCs”) provides comprehensive primary medical and social services, as well as health education, promotion and prevention services to meet the diverse health needs of students at Louisiana public schools across the state. **Access Health Louisiana’s School-Based Health Centers (“SBHCs”) follow the Adolescent School Health Initiative Act of 1991 which requires parental (guardian) consent prior to treating a student on any Louisiana campus.**

**B. SCOPE:** This policy applies to all Access Health School-Based Health Centers.

### C. DEFINITIONS:

1. Adult: refers to a patient who has attained 18 years of age.
  2. Clinician/Provider: means a physician, nurse practitioner, physician assistant, LCSW/LPC, or other provider working in a SBHC.
  3. Minor: refers to an individual who has not attained the age of eighteen (18) years.
  4. Emancipated: If a minor is emancipated, the Minor has the right to consent to their own medical care and enter into legal arrangements without the consent of a parent. Minors may be emancipated from their parents by:
    - a. Marriage if the minor is at least 16 years of age
    - b. Judicial emancipation (by court order); or
    - c. By Private act
  5. School-Based Health Center (“SBHC”): For purposes of this policy, means a health center that:
    1. Is located on a school campus (including mobile units);
    2. Is organized through school, community, and health provider relationships.
    3. Is administered by Access Health Louisiana.
    4. Provides health services (including but not limited to behavioral and physical health) to children and adolescents through health professionals in accordance with state and local law, including laws related to licensure and certification.
    5. Provides, at a minimum, health services during school hours to children and adolescents by health professionals in accordance with established standards of care, evidence-based practice, laws, regulations, and requirements.
- SBHCs provide access to preventive and acute care services for students who might otherwise have limited or no access to health care.
6. Parent: The mother, father, tutor, or other legal guardian of a Patient who has authority to consent to medical care for and on behalf of a Patient.
  7. Patient: A Patient is an individual who receives medical services from a SBHC.
  8. School: refers to the individual school or school district where the SBHC is located.
  9. Student: means an individual enrolled and attending school within the school district where the SBHC is located.

### D. POLICY STATEMENTS

1. **General Rule:** Access Health Louisiana **must have a signed Consent to Treat on file for each Patient. Access Health Louisiana will not enroll a Student as a Patient of the SBHC or provide treatment without a written consent from a Parent of the Student** consenting to enroll the Student as a patient of the SBHC, which includes a consent to treatment.
2. **Exceptions for Students Who Are Adults or Emancipated Minors:** Access Health Louisiana will enroll a Student as Patient of the SBHC and provide medical care without prior consent from a Parent where:
  - a. The Student has attained the age of Eighteen (18) years.
  - b. The Student is at least 16 years of age and married. Student must provide a copy of the Marriage Certificate.
  - c. The Student is Legally Emancipated. Student must Provide:
    - i. Evidence that they are at least 16 years of age; and
    - ii. A copy of the Judgment or Order of Emancipation, or other Authentic Act conferring emancipation.

A Student (or patient age 18 years or older) who meets one of these exceptions should complete their own Consent to Treat. A Release of Information (ROI) may also be signed by the patient meeting the above specified conditions if the individual wishes to share health information (as specified in section M of this document).

3. **Exceptions for Certain Emergent Acute Medical Conditions:** Access Health Louisiana will not require prior consent from a Parent (written or verbal) before enrolling and providing services to a Student who is a Minor when:
  - a. Emergency medical services are needed until a parent or ambulance arrives to transport the Minor to the emergency room.

### E. PROCEDURES:

1. **Procuring Written Consent**
  - a. At the beginning of each school year, Access Health Louisiana will coordinate with each School to send Access Health Louisiana’s Consent and Enrollment Form to the Parents of every enrolled Student using the Parent contact information on record with the School. Access Health Louisiana will work with each School to send reminders to Parents about the necessity of returning the consent form so that their student may receive services at the SBHC.
  - b. Access Health Louisiana will maintain copies of all signed consent forms returned.
2. **Relying on Consent Forms and Signatures.**
  - a. Clinicians may rely on the written representation of a Parent signing a consent form that he/she is authorized to consent to medical care on behalf of the named Patient. Clinicians may provide medical care to a Patient on the basis of that representation, unless and until the Clinician has been provided with credible evidence to the contrary. Examples of such evidence may include a court order, or custody agreement.

- b. **It is the Parent's responsibility to BOTH (1) notify the SBHC if a Student/Patient has a custody or other arrangement which prevents one parent or another from consenting to medical decisions regarding the Patient, AND (2) provide the SBHC with appropriate supporting documentation.**
- c. Consent forms with questionable signatures may be rejected by SBHC Staff within their discretion. If a Consent Form is rejected, a specific articulable reason for rejection should be documented and communicated to the Parent who signed the document and the Student. Care should be exercised before rejecting a signed Consent Form, especially if the immediate consequence of doing so is that care will be refused to a student who has presented with an illness or injury.

3. **Students Who Are Adults or Emancipated Minors:** If a Student presents for treatment but does not have a written consent from a Parent on file, the Student may complete a Consent to Treat themselves without any additional notice or consent to their Parent IF:

- a. The Student is an Adult: Student provides proof (Driver's License or other state-issued identification card) that they have attained the age of Eighteen (18) years.
- b. The Student provides proof that they are at least 16 years of age and married. Student must provide SBHC with a copy of the Marriage Certificate.
- c. The Student demonstrates that they are on Active Duty in the Armed Forces. Student must provide a copy of the DD Form 214.
- d. The Student demonstrates that they are legally emancipated. Student must Provide:
  - i. Evidence that they are at least 16 years of age; and
  - ii. A copy of the Judgment or Order of Emancipation, or other Authentic Act conferring emancipation.

F. **SERVICES:** Medical and Behavioral Health services vary by SBHC location. Please check with your individual SBHC location to determine the specific services available at your child's school campus. Services may include: primary, comprehensive, and preventive care, physical examinations, immunizations, health screenings, laboratory/diagnostic testing, STI testing and follow-up, acute care, management for chronic diseases, behavioral health services, health education, and prevention, case management, referral and follow-ups for emergencies, referral to specialty care, risk assessments, and telehealth services. Parents/guardians (patients 18 years and older) have a right to opt out of any service at any time for their student (patient) by submitting a signed and dated written request to their SBHC.

#### G. CONFIDENTIALITY/HEALTH INFORMATION SHARING

Access Health Louisiana school-based health centers adhere to all current laws regarding the confidentiality of health services in general and specifically as they relate to services of minors. All medical and mental health records are confidential and will be maintained as directed by the Health Insurance Portability and Accountability Act (HIPAA). Access Health Louisiana may use de-identified personal health information to support medical research aimed at improving healthcare outcomes. De-identified means that any information that could directly identify a patient such as the patient's name, date of birth, address, or other personal identifiers, would be removed to protect the patient's privacy. You may withdraw your consent at any time by contacting your SBHC directly and your decision will not impact the quality of care that your child receives at the SBHC. By signing this consent form, you are also agreeing to the exchange of relevant health information between this SBHC and the student's personal medical provider upon referral for medical or behavioral health care. Information on Access Health Louisiana's Notice of Privacy Practices that describes how health information is used and shared is included within this packet. Access Health Louisiana has the right to change this notice at any time.

#### H. LOUISIANA HEALTH CENTERS IN SCHOOLS

Access Health Louisiana SBHCs also abide by **Louisiana Law R.S. 40:31:3** which states that Health centers in schools are prohibited from:

- 1. Counseling or advocating for abortion in any way or referring any student to any organization for counseling or advocating abortion.
- 2. Distributing at any public school any contraceptive or abortifacient drug, device, or other 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 504-568-3504.

#### I. BILLING/ACCOUNTING

Access Health Louisiana provides school-based health center services to students at no out-of-pocket expense to parents/guardians (or students if 18 years or older). Access Health Louisiana may bill Medicaid or commercial insurance for the student for the services provided to the patient. By signing this consent, you authorize payments of authorized benefits directly to Access Health Louisiana. You also authorize your child to receive the services provided by the school-based health center program operated by Access Health Louisiana. This consent form remains in effect until the parent/guardian (student if 18 years or older) notifies by school-based health center in writing that they no longer wish for the student to receive services. Signature below also acknowledges that the parent/guardian (student if 18 years or older) gives permission for the student's medication history to be obtained by the medical provider/clinician.

#### J. TELEHEALTH/VIRTUAL SERVICES

Access Health Louisiana school-based health centers abide by **Louisiana Law R. S. 37:1262** for the utilization of telehealth in the practice of healthcare delivery, diagnosis, consultation, treatment, and transfer of medical data using interactive technology. Telehealth is an optional service, and parents may opt out of this service at any time by notifying the health center. Patients enrolled in SBHC services may only access telehealth services when they are physically located within the state of Louisiana. For SBHC patients utilizing telehealth services for psychiatry, in-person appointments may be requested by the prescriber with the student patient and his/her parent (s). Access Health Louisiana SBHC locations provide patients with secure access to all virtual appointments; however, when using technology for communication there is a risk that it may be forwarded, intercepted, circulated, stored, or even changed, and the security of the devices may be compromised. It is important to be aware that family, friends, co-workers, employers, and hackers may have access to any technology, devices, or applications that you use. It is recommended that patients conduct virtual appointments in private, secure locations. If the virtual appointment drops due to a technological

failure, please call your SBHC directly to get reconnected with your provider. In case of a medical emergency, call 911. In case of a mental health emergency, dial 988.

#### **K. OPERATIONS**

Access Health Louisiana's Athena Electronic Medical Record is integrated with SUKI AI software to enhance and streamline operational productivity. This technology is utilized to relay information from the patient-provider encounter into the EMR.

#### **L. NO GUARANTEES**

By signing this consent, you understand that all information given by the provider/clinician, and in particular, all estimates made as to the likelihood of occurrence of risks of this or alternate procedures or as to the prospects of success, are made in the best professional judgment of the provider/clinician. The possibility and nature of complications cannot always be accurately anticipated and, therefore, there is and can be no guarantee, either express or implied, as to the success or other results of any treatment or procedure.

#### **M. RELEASE OF INFORMATION**

Medical or behavioral health providers/clinicians of the patient are hereby authorized to disclose all or any part of the patient's medical record to:

1. Any healthcare provider, or family member consulted or involved in the care or monitoring of the patient's condition.
2. And, to any person or entity which is or may be liable under a contract for all of part of Access Health Louisiana's charges including, but not limited to, medical services companies, insurance companies, workmen's compensation carriers, welfare funds or employers.
3. Unless the patient opts out, selected medical information can be shared with Health Information Exchanges in accordance with the instructions in the Health Information Exchange Standard Addendum to the Notice of Privacy Practices, which I hereby acknowledge that I have received.
4. Patients enrolled in SBHC services who are age 18 or older may complete a Release of Information form to designate whom they would like to share health information to including family members, outside healthcare providers, or other designees.

#### **N. PATIENT RIGHTS**

Under Louisiana and federal law, you have the right to:

1. Obtain a copy of your child's medical record by completing a Release of Information form.
2. You may consent to release your child's medical record in writing to anyone including your attorney, employer, or others you wish to have knowledge of their care and may revoke this release at any time in writing.
3. You may request in writing that Access Health Louisiana not to use or disclose part of your child's health information.
4. You may request that we send communications with you to an alternative address or by alternative means and that request will be honored if is deemed reasonable by Access Health Louisiana.
5. You may request in writing that Access Health Louisiana amend your child's medical record if it is incorrect or incomplete by completing the *Amend Health Information* form.

Access Health Louisiana reserves the right to change its Privacy Policy based on the needs of Access Health Louisiana and changes in state and federal law.

#### **O. EXTERNAL REFERENCES**

1. Louisiana Administrative Code, Title 50, Part XV, Subpart 5, Ch. 91
2. Louisiana Civil Code Arts. 29, 221, 365-369
3. Louisiana Revised Statutes: 40:1079.1, 1079.2, 1079.11-13; 40:31:3; 37:1262