



FULLERTON  
SCHOOL  
DISTRICT

Student Support Services  
(714) 447-7500  
fax (714) 447-7793

Great Schools  
Successful Kids

## Health Information Exchange & Consent Form

Fullerton School District participates in the Child & Youth Behavioral Health Initiative (CYBHI) Fee Schedule program that funds essential health and mental health services for students. By providing your consent, you allow us to secure funding from Medi-Cal or private insurers to help cover these services **at no cost to you. You will never be charged for services your student may receive.**

Your consent allows Paradigm Healthcare Services, LLC., our billing partner, to securely share necessary records with Medi-Cal or the CYBHI Fee Schedule third-party administrator(s). **All information is handled confidentially and protected under federal privacy laws, including FERPA and HIPAA.**

Whether or not you provide consent, your student will continue to receive the services they need. However, completing this form ensures we can maintain and expand these services for all students. **It takes just a minute!**

STUDENT'S LEGAL NAME:

First

Last

STUDENT'S DOB:

MM/DD/YYYY

STUDENT ID:

If known

PRIMARY INSURER:

Enter full name of Health Plan (e.g., "Kaiser Permanente Medi-Cal")

PRIMARY POLICY HOLDER:

First

Last

POLICY/MEMBER ID:

If covered by Medi-Cal, use BIC Number

GROUP NUMBER:

If known

IF YOU ARE NOT INSURED

### CONSENT - PLEASE COMPLETE

Please review the information below and indicate your consent.

- **Only the appropriate health records** from my child's educational records will be released by the district and Paradigm Healthcare Services, LLC., to bill Medi-Cal or the CYBHI Fee Schedule third-party administrators.
- The records will be **securely shared** with Medi-Cal and DHCS third-party administrators (TPAs) for reimbursement, and all information will be kept **confidential in accordance with FERPA and HIPAA privacy laws.**

I would like more information. Please release my name, address, and telephone number to an

- I understand that **I will never be charged for these services.**
- I understand that **my consent is voluntary and can be revoked at any time.**

I **consent** to the release of my student's records, and access to their insurance benefits, for billing purposes.

I **do not** consent to the release of my student's records, and access to their insurance benefits, for billing purposes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

## FAQs - Billing for School-Based Services (CYBHI only)

**1. What services are billed under the school-based billing programs?**

*The district participates in the CYBHI Fee Schedule. These programs allow the district to recover funding for health and mental health services provided to students. This funding helps support and enhance the delivery of these essential services for all students in the district.*

**2. Will the district ever bill me for the school-based services that my child receives?**

*No. You will never receive a bill from the district, regardless of your child's insurance coverage.*

**3. Does this billing program (and my consent) impact my child's insurance benefits in any way?**

- ***If you provide Medi-Cal benefits information:** Your consent will not reduce or negatively impact your child's Medi-Cal benefits.*
- ***If you provide private insurance information:** The district will only bill your insurer for behavior or mental health services your student receives at school. Costs for these services must be paid by the insurer, not passed onto families (no out-of-pocket expenses like co-payments or deductibles), and will not affect your child's health coverage, as required by state law.*

**4. What information is shared, with whom, and what guarantees exist to ensure confidentiality of my child's records?**

*The district will only share the essential information necessary for billing, including your child's name, date of birth, health-related evaluation, intervention, referral information, and practitioners' notes related to these services. Select data from your child's care plan (if applicable) may also be shared. The district's billing vendor is bound by contractual agreements with strict provisions to keep student records confidential and secure. The vendor is HIPAA compliant, and the district complies with FERPA and state laws to protect your child's information.*

**5. Will the district stop providing services for my child if I do not provide my consent?**

*No. Even without your consent for billing, your child will continue to receive services at school.*

**6. What if I change my mind after I have already provided you with my consent?**

*You have the right to withdraw your consent at any time (withdrawal is not retroactive). To make changes, visit the front desk at your child's school. For more information on the requirements for parent consent, you can refer to the Family Educational Rights and Privacy Act (FERPA) at 34 CFR Part 99.*

**7. What does my consent do?**

*By providing your consent, you allow us to obtain reimbursement from Medi-Cal or private insurers to help cover these services at no cost to you. You will never be charged for services your student may receive. Your consent allows Paradigm Healthcare Services, LLC., our billing partner, to securely share necessary records with Medi-Cal or other health insurance companies. All information is handled confidentially and protected under federal privacy laws, including FERPA and HIPAA. Whether or not you provide consent, your student will continue to receive the services they need.*

**8. Why do you need my child's health insurance information?**

*Having student health insurance information allows us to bill health insurers for eligible health and mental health services your student may receive. We need insurance information to be able to efficiently bill the insurers to help the district continue to provide much-needed health and wellness programs for our students.*