180 Park Avenue, Portland, ME 04102 | P. (207) 874-2141 | F. (207) 874-2164 | GREATERPORTLANDHEALTH.ORG

GREATER PORTLAND HEALTH

CARING FOR THE WHOLE COMMUNITY

School-Based Health Center Enrollment Information

Dear Parent/Guardian,

In partnership with Portland, Westbrook and South Portland Public Schools and Maine Medical Center, Greater Portland Health (GPH) offers School-Based Health Center services at: Portland, Deering, and Casco Bay High Schools, PATHS, King Middle School, Westbrook High and Middle Schools, and South Portland High and Middle Schools.

Please complete the attached medical enrollment form to allow your child to receive school-based health services at any GPH School-Based Health Center and at any GPH primary care practice that serves children. **If your child already has a regular primary care provider or mental health provider, you can still enroll them in GPH's School-Based Health Center program.** Our goal is that all children and their families are connected with a primary care medical home. GPH's School-Based Health Centers supplement the services of your child's regular primary care provider and coordinate care with them as appropriate. Please go to GPH's website (https://www.greaterportlandhealth.org/services/school-based-health-centers) for more information.

Insurance claims will be submitted for services rendered as applicable. If a patient does not have insurance, Greater Portland Health offers a sliding fee scale.

Greater Portland Health's School-Based Health Centers provide:	**Top 5 reasons to enroll your child:**
• Primary Medical Health Services • Behavioral Health Services • Psychiatric Services • Dental Health Services (separate enrollment) • Telehealth Services • Contraceptive Management, including emergency contraception • Phlebotomy • Optometry	1. Friendly, caring staff 2. Convenient, quick scheduling (no transportation required!) 3. Coordination with your child's primary care provider 4. Quality and compassionate care 5. Easy monitoring of chronic conditions

In this packet you will find:

- Frequently Asked Questions (FAQ) about GPH's School-Based Health Center - *for you to keep*
- Greater Portland Health's Notice of Privacy Practices - *for you to keep*
- Medical Enrollment form – **please fill out, sign and return to the school-based health center or the school nurse.**
- General Consent to Treat - **please sign and return to the school-based health center or the school nurse.**
- Authorization for Disclosure of Information – **please sign and return to the school-based health center or the school nurse.**

For additional questions, please contact us at (207) 874-2141 X 7 or by email at gphschoolhealth@greaterportlandhealth.org.

GREATER PORTLAND HEALTH

CARING FOR THE WHOLE COMMUNITY

Greater Portland Health School-Based Health Centers

Frequently Asked Questions

Q: What schools have health centers?
A: In Portland: King Middle School, Deering High School, Portland High School, Casco Bay High School and PATHS
In Westbrook: Westbrook High and Middle Schools
In South Portland: South Portland High and Middle Schools.

Q: How do I enroll my child?
A: Fill out and sign the enrollment form. The completed form can be returned in the following ways: to the school-based health center (SBHC) in the school, to the school nurse or to a homeroom teacher.

Q: Can my child be seen by a health care provider at a Greater Portland Health (GPH) SBHC or primary care practice if the enrollment form was not returned with a parent signature?
A: Minors (under 18 years of age*) must have a signed enrollment form before being seen by a provider. The enrollment form acts as a permission slip to provide medical and behavioral health services to a minor.

Verbal consent from a child's parent or guardian will allow the provider to see the child **one time only**. A completed and signed enrollment form needs to be returned before any other services are provided.

*A minor may give consent to all medical, mental, dental and other health counseling services if the minor is:

- Living separately and independent of parental support
- Married
- A member of the Armed Forces
- Emancipated

If the student is over 18 years of age, they can fill out and sign their enrollment form to receive services at any GPH practice or site.

Q: What qualifies as a confidential visit?
Children enrolled in a SBHC will have access to confidential services (unless the child chooses to include their parent in their care and gives permission to do so). The following services are considered confidential visits:

- Alcohol and drug use and misuse
- Testing and treatment for HIV and other sexually transmitted diseases
- Prenatal care services
- Outpatient mental health care
- Contraceptive management (including, but not limited to: condoms, oral contraceptive pills, contraceptive patches, emergency contraceptive pills; for high school students: contraceptive injections, contraceptive implants, and intrauterine contraceptive devices are also options)

Q: Do I need to enroll my child if they are already an established patient at GPH?
A: Yes

Q: Can children be seen at a SBHC if they do not have insurance?
A: Yes

Q: I have a question about insurance or a bill that I have received.
A: If you would like to discuss insurance and payment options, including our sliding fee scale, please call (207) 874-2141 and enter extension 5058 to be connected to our Financial Assistance Counselors. If you have questions about the charges or services on your bill, please call (207) 874-2141 and press 6 to be connected to the Billing Department.

Q: Why do you ask for household income information on the enrollment form? Can I refuse to answer this question?
A: GPH is required to report on the income levels of our patient population for funding that our health centers receive. Individual patient data is not shared, and a child's income level in no way affects the care they receive. You can refuse to provide income information.

Q: What is the difference between the roles of the school nurse and that of the SBHCs?
A: The school nurse assesses medical issues to determine if the child needs to be seen by a primary care provider. School nurses are able to screen for barriers to learning, review vaccination status, triage or treat accidents and illnesses, administer medications and support educational success through IEPs and IHPs.

SBHCs provide an entry point and source of primary care for children and are staffed with medical and behavioral health providers (i.e. doctors, nurse practitioners, physician assistants, and licensed clinical social workers). Enrolled children can select GPH as their primary medical home, thus giving them coordinated and accessible care year-round. If a child has established primary care elsewhere, providers in the SBHCs will coordinate care with the child's primary care provider.

Q: What services are provided within the SBHCs?
A: The services offered include: sports physicals, diagnosis and treatment of minor illness, management of chronic conditions, immunizations, mental health counseling, phlebotomy (blood draws for labs) and contraceptive management.

Q: Should children be going to the school nurse first or going directly to the SBHC?
A: Children who are enrolled in school-based health services may choose where they want to go first. An enrolled child is always welcome to walk into any SBHC during open hours. Appointments can be made in advance through the school nurse or by the child.

Q: Can my child be seen at the SBHC even if they do not attend that school?
A: Yes, if your child is enrolled in GPH's school-based health services, they can be seen at any of our SBHCs and at any GPH primary care practice that serves children.

Q: Do I need to re-enroll my child in GPH's school-based health services every year? If my child leaves Westbrook, South Portland or Portland Schools, are they still a patient of GPH?
A: As long as your child is an enrolled student in Westbrook, South Portland or Portland Public Schools, you do NOT need to submit new paperwork each year. You also do not need to submit additional paperwork for your child to be seen at any of our GPH SBHCs or any GPH primary care practice that serves children.

If your child is no longer an enrolled student at one of these three school systems, you will need to contact GPH by calling 874-2141 and ask to have your child remain a patient at one of our primary care practices that serves children. Additional paperwork may be needed.

Q: What if my child needs medical care outside of school hours?
A: You can make an appointment at any GPH primary care practice that serves children by calling 874-2141. If your child has a primary care provider outside of GPH, you may choose to contact them as well.

Q: Will my child be able to access the SBHC providers during periods of remote learning or modified school schedules?
A: Yes. All medical and behavioral health providers are able to hold telehealth appointments (via ZOOM or telephone) with patients. In order to have the correct contact information for telehealth visits, please provide your child's email on the enrollment form.

For additional questions, please contact us at (207) 874-2141 X 7 or by email at gphschoolhealth@greaterportlandhealth.org.

NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed, your rights with respect to your protected health information ("PHI"), how to file a complaint concerning a violation of the privacy or security of your PHI, or of your rights concerning your PHI. You have a right to copy this Notice (in paper or electronic form) and to discuss it with Greater Portland Health's ("GPH") Privacy Officer at 207-874-2141 if you have any questions.

This Notice applies to all PHI, including, if applicable, Substance Use Disorder ("SUD") Treatment information.

Uses and Disclosures of Your PHI:
When you seek health care services from GPH, a record of the interaction is documented. This record may contain your symptoms, examination and test results, diagnosis, treatment, and a plan for your future care/services. This information is part of your health/medical record and is an essential part of the health care/services we provide to you. The information about you in the record is sometimes referred to as PHI and GPH is obligated by law to protect the privacy of the PHI. Any uses and disclosures of your PHI not described in this notice will only be permitted with notice to you and with your advanced written consent, which you have the right to revoke at any time. An example involves marketing activities.

We may use and disclose your PHI without separate written authorization:
- For planning and providing your care and treatment,
- In communication with health professionals who contribute to your care,
- For verification to third-party payers (insurance companies) that services were provided,
- In performing heath care operations, including quality assessments regarding the care we render and the outcomes we achieve,
- To make you aware of services and treatments that may be of interest to you,
- To comply with state and federal laws that require us to disclose your PHI, and
- If your PHI includes SUD records generated in connection with a SUD program supported by federal funding, and if you have executed an authorization form for the disclosure of your other PHI to a third party, the authorization is sufficient by law to allow the disclosure of the SUD information.

Special Restrictions:
We shall not disclose PHI or testify regarding the content of your confidential records in any civil, administrative, criminal, or legislative proceedings without your specific written consent or a court order. The production of PHI for court proceedings (based on a subpoena or other legal mandate and a Court Order) will not occur without our first giving notice to you to allow you an opportunity to challenge the production or to otherwise be heard, if such notice and/or opportunity is required by federal law.

Disclosures Regarding Substance Use Disorder Services in a "Part 2" Program. If your PHI includes SUD records generated in connection with a "Part 2" Program (i.e. a SUD program supported by federal funding), any allowed or mandated disclosure for treatment, payment or health care operations to another provider or SUD Program, may be further disclosed by that program or health care provider if and to the

extent allowed by federal law, without requiring a separate written consent from you. If you execute an authorization form for the disclosure of your PHI to a third party, and it covers both general PHI as well as SUD records, a separate consent form will not be necessary for SUD disclosures.

Your Rights Regarding Your Health Information.
Although your health record is the physical property of GPH, the PHI belongs to you. Under Federal Privacy Rules, you have the right to:

- Receive notice of the use and disclosure of your health/medical record, including a paper copy of the notice if requested,
- Request restrictions on use and disclosure of your health information or request we send your confidential communications by alternative means,
- Inspect and obtain a copy of your record,
- Request your health record be amended,
- Ensure the accuracy of your PHI, and
- Request an accounting of certain uses and disclosures of your PHI.

Our Responsibilities.
GPH is required to:

- Maintain the privacy of your health information, including psychotherapy and SUD counseling notes, unless you either consent or an exception to disclosure applies.
- Provide you with notice as to GPH's legal duties and privacy practices with respect to health information we collect and maintain about you.
- Abide by the terms of our most current Notice.
- Notify you if GPH is unable to abide by a requested restriction.
- Accommodate reasonable requests regarding alternative means of communicating about your PHI.
- Should GPH engage in fundraising, give you the opportunity to elect not to receive fundraising communications from GPH.
- Provide you with a single consent form allowing GPH to use and disclose your PHI for treatment, payment, and health care operations purposes.

GPH reserves the right to change and revise its privacy practices to remain in compliance with Federal and State Laws. In the event of a material change, a revised Notice shall be made available or distributed to the extent required by law.

Disclosures Permitted Without Consent.
GPH is permitted to use and disclose your health information without your consent:

- For Treatment related purposes,
- For Payment Related Purposes,
- For Health Care Operations, and
- When required by state or federal law.
- When Allowed by Law, in communications with Business Associates; for appointment reminders; to government health care authorities, including state medical officers, the Food and Drug Administration, organ procurement organizations, efforts by authorities for public health activities and protection, including disclosures related to child or adult protective services; medical emergencies; organ or tissue donation; research purposes with de-identified data; medical examiner; services to comply with laws regarding workers compensation; for certain allowed, specialized government functions, including military operations or disaster relief efforts; to government law enforcement authorities in response to a court order, or in other legal situations such as to report a crime or respond to certain valid subpoenas.

Disclosures Permitted with an Opportunity to Opt-Out. GPH may communicate with you, after giving you a chance to object or opt-out, with respect to: disclosures to family members and caregivers if relevant to that person's involvement in your care or payment for your care; solicitations regarding health-related benefits or products; for fund-raising operations; for GPH marketing efforts.

Organized Health Care Arrangement.
GPH is a member of Community Care Partnership of Maine ("CCPM"), an "Organized Health Care Arrangement" focused on improving the health of the communities it serves. The members of CCPM, in collaboration with insurance companies, use population health analytics, utilization review, quality assessment and improvement activities, and other evidence-based strategies to improve your healthcare. Members are mutually accountable for the health of all patients served by CCPM. The entities that that make up this Organized Health Care Arrangement include the following community health centers and hospitals: Cary Medical Center, Bucksport Regional Medical Center, Clinical Community Services, Eastport Health Care, Fish River Rural Health, Harrington Family Health Center, Health Access Network, HealthReach Community Health Centers, Islands Community Medical Services, Mount Desert Island Hospital, Katahdin Valley Health Center, Millinocket Regional Hospital, York County Community Action Corporation, Pines Health Services, Penobscot Valley Hospital, Pines Health Services, Regional Medical Center at Lubec, Sacopee Valley Health Center, GPH, Sebasticook Family Doctors, St. Joseph Hospital, and St. Croix Regional Family Health Center. CCPM's Organized Health Care Arrangement permits these separate covered entities, including GPH, to share PHI with each other as necessary to carry out permissible treatment, payment or health care operations relating to the work of the Organized Health Care Arrangement, unless otherwise limited by law, rule or regulation. The list of entities may be updated to apply to new entities in the future. You can access the most current list at www.ccpmmaine.org/members or call 207-992-9200.

For More Information, to Request Information or to Report a Problem
If you believe your privacy rights regarding confidential health information of any kind, including SUD treatment information have been violated by GPH, you may contact the GPH Privacy Officer, 180 Park Ave, Portland, ME 04102. (207) 874-2141); ***www.greaterportlandhealth.org***. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201 See the Office for Civil Rights website, www.hhs.gov/ocr/hipaa/ for more information.

You will not be penalized by GPH in any way for submitting a complaint.

Effective: January 2, 2026

https://www.federalregister.gov/documents/2024/02/16/2024-02544/confidentiality-of-substance-use-disorder-sud-patient-records

GREATER PORTLAND HEALTH

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GPH School-Based Health Center Enrollment Form

Please complete and return to school

School Name: _____ School Grade Level: _____

Child Name (Last, First and Middle Initial): _____ Date of Birth: _____ / _____ / _____ Legal Sex (circle one): M F
(Same as MaineCare card, if applicable) month / day / year

Address: _____ Zip Code: _____ Homeless ☐

Parent/Guardian Phone: _____ Voicemail Msg. Ok? Yes / No Parent/Guardian email address: _____

Insurance Name _____ Policy ID# _____

Group #_____ Insurance Company address_____

Guarantor/Parent Name _____ Phone # _____

MaineCare ID Number (Ends in A) _____

Does your child have insurance? Yes / No

If you would like to discuss insurance and payment options, please call (207) 874-2141 and enter extension 5058 to be connected to the Financial Assistance Counselors.

Health Information:

Where does your child usually receive their care? ___ Northern Light Health ___ InterMed
___ MaineHealth ___ Martin's Point ___ Greater Portland Health Other:_____

My child had a physical exam within the last two years. ___ YES ___ NO ___ Unsure
My child will need immunizations this year. ___ YES ___ NO ___ Unsure

Does your child have Asthma? YES/NO Written Asthma Plan at school? YES/NO

Does your child have Diabetes? YES/NO Written Diabetes Plan at school? YES/NO

Other Physical, dental or mental health problems: _____

Self/Family Health History – Please check family history for any of the following health conditions:

_____Allergies	_____ Diabetes
_____Immune disorder	_____ Asthma
_____ Heart disease	____ Mental illness
_____Alcohol/drug abuse	____High blood pressure
____ High cholesterol	____Tuberculosis

Child Race (check one or more): _____ White _____ Black, African, African American _____ Other Pacific Islander _____ Asian
_____South/Central/North American Indian, Alaska Native _____ Hawaiian Native _____ Multiracial

Ethnicity: ____ Hispanic/Latino _____ Not Hispanic/Latino

Total Annual Household Income: _____ Total number of family members living in the household: _____

Guarantor Name (person responsible for child's healthcare bills): _____ Date of Birth: _____ Relationship to Child: _____

By signing this form, I am acknowledging and understand that:

- I have received and read Greater Portland Health's ("GPH") School-Based Health Center Information Letter, which explains what the GPH School-Based Health Centers are and what services and benefits they might provide for my child.
- GPH's School-Based Health Centers are a separate entity from the schools and from the school nurses' offices. They provide primary care assessments and a range of health care treatment in school-based locations while engaging in communications with other health care providers who may also be involved in the care of my child.
- This Consent is valid for the duration of my child's enrollment in the following school systems: Portland, Westbrook, or South Portland, unless earlier withdrawn by me in writing.
- I am required to review and sign the Authorization Form for the Use and Disclosure of Health Care Information in connection with my child's enrollment in GPH's School-Based Health Centers.

I have read this form completely and agree to enroll my child in the GPH School-Based Health Centers at this time.

✍ **Parent/Guardian Signature:** _____ Date:_____

Print Name: _____ Relationship_____

GREATER PORTLAND HEALTH
CARING FOR THE WHOLE COMMUNITY

GENERAL CONSENT TO TREATMENT
100 Brickhill Ave, Suite 301, South Portland, Maine 04106
P. (207) 874-2141 F. (207) 761-3738

Patient Name:_____ **Date of Birth:**_____

Greater Portland Health (GPH) is a community health center providing integrated medical care for physical and mental health, including HIV/AIDS, and dental services, to the entire community. GPH uses an electronic health record (EHR) that keeps all your medical information in one place. To give you the best care possible, GPH providers may view any portion of your medical record relevant to your treatment, including physical, mental health, substance use and/or dental records.

1. **General Consent to Treatment:** I authorize GPH providers to conduct examinations, diagnostic tests and procedures to assess my health conditions, and to provide care (including emergency treatment), services or therapies necessary to effectively diagnose and treat me. I understand that it is the responsibility of my treating provider(s) to explain to me the nature of proposed care, treatment, services, prescribed medications, suggested interventions, or procedures. Before I undergo any procedures or tests, my provider(s) will explain potential benefits, risks, or side effects, including potential problems that might occur during recovery, the likelihood of success, other options including relevant risks or side effects to those alternatives, and information about possible results of choosing not to undergo recommended treatment.
2. **Right to Refuse Treatment:** I understand that I may refuse any examination, test, procedure, treatment, therapy, or medication recommended or deemed medically necessary by my health care provider(s) and that I remain responsible for decisions about my own healthcare and the consequences of those decisions.
3. **Responsibility of Payment:** I understand that I must pay GPH for charges resulting from my treatment. I request that payment of authorized covered benefits be made on my behalf to GPH for such services. I understand that GPH may share my health information, including information related to HIV/AIDS, substance use disorder treatment (as permitted or required by law), and mental health care, with my insurance carrier(s) for payment and benefit verification purposes.
4. **Notice of Privacy Practices (NPP):** I understand GPH must keep my health information confidential, but legally may use it to treat me, get paid for services provided to me, coordinate my care, or for GPH's necessary internal operations.
5. **Release of Health Care Information:** I understand that, subject to certain conditions, I may request limits on how my information is shared, ask to get communications at a specific address or phone number, and review or get copies of my protected health information with a written request. I have other rights regarding my health information as noted in the NPP.
6. **Insurance**: If I have active insurance coverage, I will make sure my insurance plan has my GPH primary care provider (PCP) listed for proper billing and specialty care access. I understand that GPH has the right to contact my insurance plan provider to provide updated information if the PCP listed is not correct.
7. **HealthInfoNet (HIN) and Maine Immunization Information System (ImmPact):** GPH participates in both systems. HIN is a secure, electronic platform where Maine health care providers share patient information to allow more informed treatment decisions. ImmPact is a secure, state-managed central repository for immunization records. Maine providers must record vaccinations therein. These are opt-out programs; if you want to learn more or opt-out, ask a care team member.
8. **Laboratory Results:** GPH contracts with NorDx Laboratories for certain laboratory services. When testing is handled by NorDx, results are available within MaineHealth's EHR. Both GPH and MaineHealth providers can access your lab results to support your care, help make informed decisions, and coordinate treatment.
9. **Assistive Technology**: GPH uses a variety of advanced computer tools, including Artificial Intelligence (AI), to support providers and care teams. These technologies do not replace your healthcare provider. We do not rely on AI systems to make decisions about your care. A licensed clinician who knows you and your medical history will make final assessments and recommendations about your diagnosis and treatment.
10. **Rules for Proper Behavior:** GPH must be a safe and respectful environment for everyone. Unsafe, abusive, or threatening behavior is unacceptable and may result in creating collaborative care agreements and possible termination from the practice.
11. **Grievance Rights**: I am aware of my grievance rights outlined in GPH's Grievance Handling Policy.
12. **Signature:** By signing below, I agree that I have read and understand the information provided above. If I have any questions regarding my consent, I will ask a care team member before signing this form.

Patient Signature_____ **Date** _____
(If under 18, a parent or legal guardian must sign)

ccg5/2026

Greater Portland Health School Based Health Centers

Authorization for Disclosure of Information

By signing below, I am acknowledging and agreeing to the following, with respect to my child's enrollment in the Greater Portland Health (GPH) School-Based Health Center (SBHC) program and the disclosure of my child's health record and related information:

- I have received and read GPH's Notice of Privacy Practices which advises regarding the uses and disclosures that may be made of the health information in my child's health record, in accordance with HIPAA confidentiality standards.

- I authorize GPH SBHCs to access my child's school health record, including but not limited to physical, behavioral and counseling records if any, and any related information, for treatment-related purposes or as otherwise required or allowed by law as determined by GPH SBHC.

- I authorize the GPH SBHC to provide the School (including the nurse and social workers) with information from the GPH SBHC records as necessary and appropriate for treatment-related purposes or as otherwise required or allowed by law as determined by GPH.

- I authorize the GPH SBHC to share the information in the GPH SBHC records (including school health records if included in the GPH SBHC record) with other treating physicians and providers including primary care providers, dentists, and mental health professionals, to facilitate the delivery of health care for my child.

- I authorize my child's primary care provider, dentist, and mental health professional ("Third Party Providers") to provide health information and records to the GPH SBHC to facilitate the delivery of health care by the GPH SBHC for my child. I understand that I may be asked by such Third-Party Providers to execute a separate authorization to allow disclosure of the records regarding treatment by the Third-Party Providers.

- I authorize the GPH SBHC to release information from the GPH SBHC records as necessary for billing insurers or other payors.

- I understand and agree that: (i) This authorization is valid from the date of signing unless a shorter duration is provided here; and (ii) I may revoke this authorization at any time by submitting written notice of the withdrawal of the authorization, except to the extent where the GPH SBHC has relied upon the original consent.

✍ **Parent/Guardian Signature:**_____Date:_____

Print Name: _____Relationship_____