



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 coordinates care with them as appropriate. Please go to GPH's website (<http://www.greaterportlandhealth.org/>) 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: • Primary Medical Health Services • Behavioral Health Services • Psychiatric Services • Dental Health Services (separate enrollment) • Telehealth Services • Contraceptive Management, including emergency contraception • Phlebotomy	Top 5 reasons to enroll your child: 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
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In this packet you will find:

- Medical Enrollment form – **please fill out, sign and return to the school-based health center or the school nurse even if your child was enrolled last year as our forms have changed and updated information is needed**
- Authorization for Disclosure of Information – **please sign and return to the school-based health center or the school nurse even if your child was enrolled last year**
- TigerConnect Text Messaging Application – **please sign and return to the school-based health center or the school nurse even if your child was enrolled in using this texting application last year**
- Greater Portland Health Notice of Health Information Practices – on the back of this letter – *for you to keep*
- Frequently Asked Questions (FAQ) about GPH's School-Based Health Centers – *for you to keep*

For additional questions, please contact Haley Johnson, Program Coordinator at (207) 874-2141 X 8402 or by email at

HJohnson@greaterportlandhealth.org



NOTICE OF HEALTH INFORMATION PRACTICES

This notice describes how your medical information may be used and disclosed and how you can get access to it.

Understanding Your Health Record/Information

When you visit Greater Portland Health, a record of the visit is documented. This record may contain your symptoms, examination and test results, diagnosis, treatment, and a plan for your future care/services. This information called your health/medical record is an essential part of the health care/services we provide to you. It serves as a:

- Basis for planning your care and treatment.
- Means of communication with health professionals who contribute to your care.
- Legal document describing the care/services you receive.
- Verification to third-party payers (insurance company) that services were provided.

Your Rights Regarding Your Health Information

Although your health record is the physical property of Greater Portland Health, the information 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.

Our Responsibilities

Greater Portland Health is required to:

- Maintain the privacy of your health information.
- Provide you with notice as to Greater Portland Health's legal duties and privacy practices with respect to health information we collect and maintain about you.
- Abide by the terms of this notice
- Obtain your consent before disclosing your health/medical information.

Greater Portland Health reserves the right to change and revise its privacy practices to remain in compliance with Federal and State Laws. Should this be required patients/clients will receive a new **Notice of Health Information Practices** at the next visit.

Disclosures Permitted Without Consent for National Priority Purposes

Greater Portland Health is permitted to use and disclose your health information without your consent when:

- Required by state or federal law.
- To authorities, including state medical officers, the Food and Drug Administration, law enforcement, organ procurement organizations, medical examiners, in connection with workers compensation, when requested for certain specialized government functions, including military and similar situations and other agencies charged with preventing or controlling disease.

Organized Health Care Arrangement

Greater Portland Health 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 make up this Organized Health Care Arrangement include the following community health centers and hospitals: Cary Medical Center, DFD Russell Medical Center, Fish River Rural Health, Katahdin Valley Health Center, Mayo Regional Hospital, Millinocket Regional Hospital, Nason Health Care, Pines Health Services, Penobscot Community Health Center, Greater Portland Health, Sebasticook Family Doctors, and St. Joseph Healthcare. CCPM's Organized Health Care Arrangement permits these separate covered entities, including Greater Portland Health, 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 have questions, you may contact **Haley Johnson, Program Coordinator, at (207) 874-2141 X 8402 or by email at HJohnson@greaterportlandhealth.org**. If you believe your privacy rights have been violated, you can file a complaint with the Privacy and Safety Officer at the above address, or with the Secretary of Health and Human Services, Washington, D.C. There will be no retaliation for filing a complaint.

**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 Phone: _____ Voicemail Msg. Ok? Yes or No Child's email address for Telehealth _____

Insurance Name _____ Policy ID# _____

Group # _____ Insurance Company address _____

Guarantor/Parent Name: _____ Phone # _____

MaineCare ID Number (Ends in A) _____

Are You Uninsured: Yes / No

If you are uninsured, one of our financial *assistance* counselors *will contact you to discuss insurance* and our sliding fee scale options.

Health Information:

Primary Doctor/Health Care Provider: _____

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): _____ 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 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** _____

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 behavioral health, including HIV/AIDS, and dental services, to everyone in the community. GPH uses an electronic health record that includes 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 your physical, mental health, substance use and/or dental records.

1. **General Consent to Treatment:** By signing below, I authorize health care providers at GPH to conduct examinations, diagnostic tests and procedures to assess my health care 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 health care 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 the 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, as well as information about possible results of not choosing to undergo the recommended treatment.
2. **Right to Refuse Treatment:** In giving my general consent to 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 any 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 GPH may release health information about me including information related to HIV/AIDS, substance abuse (except information limited by law), and mental health treatment to my health insurance carrier(s) in order to verify those benefits.
4. **Release of Health Care Information:** I understand that, subject to certain conditions, I may ask to limit disclosures, receive confidential information by giving GPH an address, phone number or other means of receiving the information, see or obtain copies of my protected health information upon written request, and that I have other rights with respect to my health information as set forth in the Notice of Privacy Practices.
5. **Notice of Privacy Practices:** I understand that GPH must keep my health information confidential, but legally may use my health information for purposes of treating me, getting paid for services provided to me, coordinating care for me, or for GPH’s necessary internal operations.
6. **Insurance:** If I have active insurance coverage, I need to 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 primary care provider listed is not correct.
7. **HealthInfoNet:** HealthInfoNet is a secure, standardized electronic system where health care providers around Maine can share important patient information, giving them the tools needed to make more informed treatment decisions. This is an opt-out program. If you would like to learn more or opt-out, ask one of our front desk Patient Service Representatives.
8. **Rules for Proper Behavior:** GPH must be a safe and respectful environment for everyone – clients, staff, visitors and volunteers. Behaviors which make the clinic space unsafe, abusive, or threatening is unacceptable. Such behaviors will result in appropriate actions by GPH, including creating collaborative care contracts and possible termination from the practice.
9. **Grievance rights:** I am aware of my grievance rights outlined in Greater Portland Health’s Grievance Handling Policy.
10. **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 my provider before signing this form.

Patient Signature _____ Date _____

(If under 18, a parent or legal guardian must sign)

ccg5/2025



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: Will I get a bill if my family has no insurance?

A: If you have no insurance, a GPH financial counselor will contact you to set up a time to review our sliding scale options prior to you receiving a bill.

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 Haley Johnson, Program Coordinator, at (207) 874-2141 X 8402 or by email at HJohnson@greaterportlandhealth.org