

School-Based Health Center Patient Information Form

Notice of Privacy Practices

The School Health Center makes it a priority that Health Information collected is safe, secure, and private.

Understanding Your Child's Health Record

Each time your child sees a health care provider, a record of the visit is made. Typically, this record contains symptoms, examination and the results, diagnosis, treatment, and a plan for future treatment. This information, often referred to as your child's health or medical record, serves as a:

- Basis for planning your child's case and treatment
- Means of communication among the many health professionals who contribute to your child's case
- Legal document describing the care received
- Means by which a third party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials charged to improve the health of the state and nation
- Source of data for our planning and marketing
- Tool by which we can assess and continually work to improve the care we render and outcomes we achieve

Your Child's Health Information Rights

The health record is the physical property of the School Health Center but the information belongs to the parent/guardian. The parent/guardian has the right to:

- Request a restriction or revoke authorization to disclosure of information
- Request alternative locations for health information to be sent

Our Responsibilities

The School Health Center is required to:

- Provide the parent/guardian with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about your child and maintain the privacy of the health information
- Abide by the terms of this notice
- Notify the parent/guardian if we are unable to agree to a requested restriction
- Accommodate reasonable requests the parent/guardian may have to communicate health information

For More Information or to Report a Problem

If the parent/guardian has any questions or needs more information, please contact the School Health Center.

Examples of Disclosures of Information

- We will use the health information for treatment purposes
- We will use the health information for payment
- We will use the health information for regular operation

*I have read and understand the Privacy Practices and authorize consent for Release of Information.

*Parent/Guardian Signature _____

Date _____