



School-based health care support toolkit: Sample outreach materials



Ohio | Governor's Office of
Health Transformation



Care Connection



Behavioral Health Services

Nationwide Children's Hospital
700 Children's Drive | Columbus, OH 43205
NationwideChildrens.org



Is your child:

- Sad?
- Anxious?
- Moody?
- Lonely?
- Aggressive?
- Getting bad grades?
- Hanging with the wrong crowd?
- Arguing with peers and adults?

If your child is struggling with issues like this, licensed mental health professionals with Nationwide Children's Hospital's Care Connection can provide counseling and prevention services to help. They assist students to overcome life's problems, feel better, manage their relationships with others and improve how they do in school. Care Connection is a partnership with your school that provides access to mental health professionals onsite at your school.

Services include:

- **Individual and group therapy:** Some students have problems around their mental health and behavior that prevents them from being successful in school. These students can be referred for therapy by school staff or by their parent/guardian. School staff will contact the parent/guardian to ask their approval to refer the student to counseling services. Nationwide Children's staff will contact parents/guardians to complete the intake process and link them with the service your child needs.

- **Individual therapy**

- Usually takes place at school but can also happen in the community or in your home
- Is a partnership with the parent/guardian
- Involves meeting with your child one to two times per week

- **Group therapy**

- Is provided in the school to students who have similar issues and will benefit from learning from each other and practicing skills in a group setting
- Lasts 6-12 weeks, 1-2 times per week

- **School-wide prevention programs:** These wellness and education programs include:

- **PAX Good Behavior Game:** Used in elementary schools, this teacher-driven program improves the ways students manage their emotions, behavior and relationships. PAX has been shown to improve how well children do in school.

- **Signs of Suicide Program:** Offered in grades 6-12, this program has been shown to reduce suicide attempts by students by 40-60 percent. The program teaches staff and students how to identify and respond to those in distress. A letter and information will be sent home by the school before your child attends the program.

- **Other prevention and education groups:** The groups teach students to manage a variety of issues, including anxiety, emotions, trauma, peer relationships and conflict. Groups meet 1-2 times per week for 6-12 weeks. A letter and consent form will be sent home before your child attends the program.

Schedule an appointment

Contact Nationwide Children's Behavioral Health Intake Department at (614) 355-8080 or contact your school counselor or school social worker to schedule an appointment. Learn more at NationwideChildrens.org/Care-Connection.

How do I pay for services?

No child will be denied care if their family cannot pay for services. We accept most insurance plans, including Medicaid. For all other patients, Nationwide Children's has financial assistance programs for those who qualify. The Care Connection staff can help patients and families with the bill they receive. They will connect the family with financial support staff who help families sign up for insurance (including Medicaid) or to find out if they qualify for financial assistance. For more information, contact Financial Services at (614) 355-8004 or visit NationwideChildrens.org/Financial-Assistance.

Behavioral Service Model

1–5% Individual Intensive Interventions

Care Connection

Goal: Reduce severity, intensity of symptoms driving impairment

Strategies: Address family and individual factors

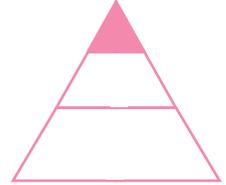
Programs:

- Individual therapy
- Family therapy
- School collaboration

Columbus City Schools

Intensive Academic Support

- Intensive social skills training
- Behavior support plans
- Multi-agency collaboration/Juvenile court (wrap around)
- Alternatives to suspension/expulsion



5–10% Targeted Interventions

Care Connection

Goal: Reduce risk for “at-risk population”

Strategies: Treatment and prevention groups to address symptoms/concerns

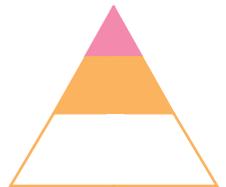
Programs:

- Too Good for Drugs
- Too Good for Violence
- Coping Cat
- Skillstreaming

Columbus City Schools

Targeted Strategies

- Social skills training/support
- Increased academic support and practice
- Alternatives to suspension
- Mentoring
- Progress monitoring
- Behavior/attendance contracts



80–90% Targeted School-Wide

Care Connection

Goal: Promote a positive school climate through implementation of prevention programs that provide consistent and structured responses to behavioral and emotional concerns

Strategies: Teacher education, resources, student and family engagement and strategies

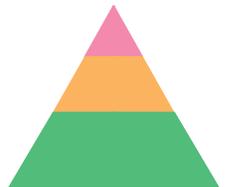
Programs:

- Elementary: PAX Good Behavior Game
- Middle and High School: Signs of Suicide (SOS)

Columbus City Schools

School-Wide Supports: All Students

- Positive, safe and engaging school learning environment
- Effective academic support
- Effective classroom management
- Teaching social skills
- Teaching school-wide expectations
- Active supervision and monitoring in common areas
- Positive reinforcement for ALL



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.SM



Mobile Care Center

Bringing Care to You

Nationwide Children's Hospital's Mobile Care Center and the Ronald McDonald Care Mobile® (in partnership with Ronald McDonald House Charities®) visits schools to make it easier for children and families to receive health care by having medical equipment and health care providers on board.

The services provided are not meant to replace your pediatrician or family doctor. When your child has any medical need, your first call should always be to your pediatrician. If your child does not have a pediatrician or family doctor, we will connect you to one.

What services are offered on the Mobile Care Center?

Services offered by the provider include:

- Sick appointments
- Physical exams
- Immunizations
- Sports physicals

- Asthma therapy
- Drug, alcohol, tobacco, pregnancy, and sexually transmitted diseases education and testing

Is my permission needed to treat my child?

The child's parent/guardian must provide consent for their child to be seen by the provider. Consent forms are available at your child's school or online at NationwideChildrens.org/Care-Connection

Parents/guardians are welcome to attend their child's appointment, but it is not required.

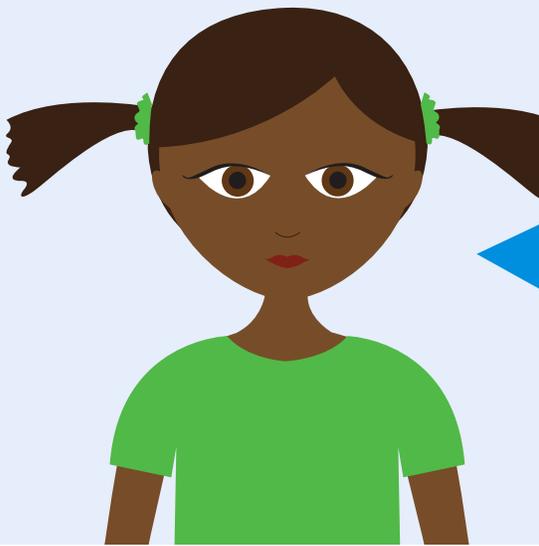
How do I make an appointment?

Contact your child's school front office or school nurse for the next date of available services.

No child will be denied care due to inability to pay for services. Mobile Care Center staff can connect families with financial support staff who are available to help sign up for insurance to find out if they qualify for financial assistance.



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.™



**Fever? Sore Throat?
Earache? Depressed?
Get help for your child
- at school.**

Nationwide Children's Hospital has a health clinic at select Columbus City Schools:

- Buckeye Middle School
- Columbus City Preparatory School for Girls
- East High School
- Linden McKinley STEM Academy
- Livingston Elementary
- Marion Franklin High School
- Moler Elementary School
- Northland High School
- Ohio Avenue Elementary
- South High School
- West High School

We can:

- Help when your child has a sore throat, bad cough, earache, headache
- Give shots
- Do blood work
- Perform check ups
- Send medication to the pharmacy
- Provide sports physicals
- Treat asthma
- Help with work permit physicals
- Treat anxiety, depression and ADHD
- Test for pregnancy or sexually transmitted infections
- Provide education on birth control
- And more

Some services also available through the Mobile Care Center at other select Columbus City Schools.

**Call (614) 355-2590 to schedule an appointment or for more information.
Same day appointments may be available.**

Learn more at NationwideChildren.org/Care-Connection.

The services provided are not meant to replace your pediatrician or family doctor. When you have any medical need, your first call should always be to your pediatrician or family doctor who knows you best.



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.SM



NOW OPEN

270 Southern Ave
Cincinnati, Ohio 45219
Ph: (513) 363-5624
www.crossroadhc.org

Located inside the health clinic at Taft Elementary. Staffed by a Nurse Practitioner and Medical Assistant from Crossroad Health Center.

Crossroad Health Center - Taft
opens to the public during week of February 13, 2017
Offering all Primary Care Needs to the entire community

HOURS		
MON	8am – 12 noon	Students and their families
TUES	12 noon – 4pm	Open for Community
WED	8am – 12 noon	Students and their families
THUR	8am – 12 noon	Open for Community
FRI	8am – 12 noon	Students and their families

(hours will increase as the need increases)

OTHER CROSSROAD HEALTH CENTER LOCATIONS

Over the Rhine
 5 E. Liberty
 Cincinnati, OH 45202

West
 2859 Boudinot Ave
 Cincinnati, OH 45238

Harrison
 10400 New Haven Rd
 Harrison, OH 45030



Dear Parent/Guardian of Maple Heights City School District Student:

Cleveland Clinic Children's will provide the services of a mobile school health clinic for Maple Heights City School District Elementary.



Students can be seen every Wednesday at the elementary school campus between the hours of 8:30 A.M. – 4:30 P.M. The mobile unit will be staffed by a pediatric provider and licensed support staff.

The mobile school health center clinic has two exam rooms and will allow students to be seen in the mobile unit. Parents/Guardians are required to complete a consent packet. An appointment will be made through the office of the school nurse by calling **269-277-0691**.



Cathy Quinn-Welsh is a certified pediatric nurse practitioner on the mobile school health unit. Cathy is a Cleveland Clinic Children's Community Pediatrics provider who will be seeing Maple Heights elementary school students on the mobile school health unit for physicals and immunizations, sick visits, minor injuries, asthma and other physical health concerns.

It is important to note that if you have insurance, Cleveland Clinic Children's will bill your insurance for this visit. If your child does not have insurance, a Cleveland Clinic financial counselor will contact you to explore possible assistance options within one week of receipt of the enrollment packet. Enclosed is a *Frequently Asked Questions* document about Cleveland Clinic Children's mobile school based health program and instruction sheet with the enrollment packet.

Cleveland Clinic Children's will accept new enrollment packets throughout the year for the school based health program. We will not see your child without your written permission as a parent/guardian.

Sincerely,

Cathy Quinn Welsh, CNP
Cleveland Clinic Children's
School Based Health Center Mobile Unit Staff

HIGHLIGHTED AREAS MUST BE COMPLETED

Please read carefully and complete the following statement acknowledging that your son/daughter/ward may receive services at the Cleveland Clinic Children's School-Based Health Center (CCCSBHC).

Student's Name	Birth Date:
Address:	Student's Social Security #
City: _____ Zip Code: _____	Student's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

I acknowledge that my son/daughter/ward named above may receive the following services at the CCCSBHC:

- Comprehensive Health Inquiry
- Physical Examinations (general, sports, pre-employment)
- Diagnosis and treatment for minor illnesses and injuries
- Screening for select health problems (vision screening, hypertension, etc.)
- Care of certain chronic conditions such as asthma and seizure disorders
- Immunizations as needed (tetanus, measles/mumps, rubella, etc.)
- Individual health and wellness education services
- Routine Lab Tests
- Prescription Medications
- Care for common pediatric/adolescent physical concerns (weight, acne, menstrual problems)
- Pregnancy Testing
- Diagnosis and treatment of sexually transmitted diseases
- Mental Health Assessments
- Follow-up care as needed

Financial Responsibility: If you have insurance, Cleveland Clinic will bill your insurance company. Any co-pays will be billed. If you are uninsured, a Cleveland Clinic financial counselor will be contacting you to explore possible assistance options.

After Visit Summary: If your child/ward receives services in the CCCSBHC, you/your child will receive an After Visit Summary in a sealed envelope.

Prescriptions: All prescriptions will be electronically prescribed and sent to your preferred pharmacy identified in the School-Based Health Center History Form. Controlled prescriptions will need to be picked up directly from the CCCSBHC mobile unit or the nearest designated Cleveland Clinic Children's physician office.

I certify that I have read this notice and understand its contents.

Signature of Parent/Court-Appointed Guardian: _____ **Dated Signed** _____

Relationship to Student: _____

HIGHLIGHTED AREAS MUST BE COMPLETED
Student/Patient Data

PLEASE PRINT LEGIBLY

School District:	Maple Heights City Schools
School:	<input type="checkbox"/> Abraham Lincoln <input type="checkbox"/> Barack Obama <input type="checkbox"/> John F. Kennedy <input type="checkbox"/> Mikovich <input type="checkbox"/> Shoreview <input type="checkbox"/> Maple Heights. High
Grade:	Pre K K 1 2 3 4 5 6 7 8 9 10 11 12

First Name:	
Middle Name:	
Last Name:	
Religion:	

Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Race:	
Date of Birth:	____ / ____ / ____ Month Date Year
Language:	

Parent/Court-Appointed Guardian(s) Information

First Name:	
Middle Name:	
Work Number:	
Guarantor for Medical Payment?	Date of Birth
Social Security No.:	
Employer:	
Employer Address:	

First Name:	
Middle Name:	
Work Number:	
Guarantor for Medical Payment?	Date of Birth:
Social Security No.:	
Employer:	
Employer Address:	

Insurance Information —Financial Responsibility: If you have insurance, Cleveland Clinic will bill your insurance company. Any co-pays will be billed. If you are uninsured, a Cleveland Clinic financial counselor will be contacting you to explore possible assistance options.

Do not have Insurance:	<input type="checkbox"/> NO If YES, complete boxes below
Subscriber Name:	
Plan Name:	
Address:	
Group Number:	
Subscriber ID:	

Primary Care Physician/Provider (PCP Data):

<input type="checkbox"/> DO NOT have a PCP	
PCP Name:	
PCP Address:	
PCP Phone Number	

PLEASE INCLUDE A COPY OF THE PARENT/COURT-APPOINTED GUARDIAN IDENTIFICATION (LICENSE) AS WELL AS A COPY OF THE INSURANCE CARD IN THE ENROLLMENT PACKET ENVELOPE.

TURN OVER



School-Based Health Clinic History Form

STUDENT NAME

DATE OF BIRTH

(Student 18 years old and older DOES NOT NEED PARENT/GUARDIAN SIGNATURE)

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

(Please check ✓ all that apply)

ALLERGIES

- Food
- Medications
- Insects
- Reaction: _____
- Seasonal
- Animals

PAST MEDICAL HISTORY

- Allergies
- Asthma
- Ear Infections
- Gastrointestinal
- Other (Please list): _____
- Heart Disease
- Neurological
- Behavioral
- Developmental

CURRENT MEDICATIONS

Name of Medication	Dose	Amount Taken	Frequency Taken

PREFERRED RETAIL PHARMACY

Name	Address	Phone Number

(Please check ✓ all that apply)

FAMILY HISTORY	Mother	Father	Sister	Brother	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather	Other: Please list
Alcohol/Drug Abuse	<input type="checkbox"/>	_____							
Allergies	<input type="checkbox"/>	_____							
Anxiety	<input type="checkbox"/>	_____							
Arthritis	<input type="checkbox"/>	_____							
Asthma	<input type="checkbox"/>	_____							
Breast Cancer	<input type="checkbox"/>	_____							
Cancer-Type?	<input type="checkbox"/>	_____							
Cholesterol	<input type="checkbox"/>	_____							
COPD	<input type="checkbox"/>	_____							
Depression	<input type="checkbox"/>	_____							
Developmental Problems	<input type="checkbox"/>	_____							
Diabetes	<input type="checkbox"/>	_____							
Emphysema	<input type="checkbox"/>	_____							
Gastrointestinal	<input type="checkbox"/>	_____							
Heart	<input type="checkbox"/>	_____							
Hypertension	<input type="checkbox"/>	_____							
Osteoporosis	<input type="checkbox"/>	_____							
Prostate Cancer	<input type="checkbox"/>	_____							
Psychiatric	<input type="checkbox"/>	_____							
Seizures	<input type="checkbox"/>	_____							
Stroke	<input type="checkbox"/>	_____							
Thyroid	<input type="checkbox"/>	_____							

TURN OVER

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

Health Data Services, Ab-7
9500 Euclid Avenue
Cleveland, OH 44195

216/444-2640
800/223-2273 ext. 42640
Fax: 216/445-7589

Patient: _____

Last 4 Digits of Patient's SSN: _____

Clinic #: _____

Date of Birth: _____ / _____ / _____

Telephone #: _____

Current Address: _____

City: _____ State: _____ Zip: _____

For the purposes of this form, "my," and "I" mean the patient listed above whose record is maintained by Cleveland Clinic.

I hereby authorize Cleveland Clinic to release any and all health information that is contained in my patient records to the Maple Heights City School District for treatment and as otherwise needed for my safety and education at the sole discretion of Cleveland Clinic. **I understand and acknowledge that this may include treatment for physical and mental illness, alcohol/drug abuse and/or HIV/AIDS test results or diagnoses. This authorization does not include permission to release outpatient Psychotherapy Notes as defined below.* Release of Psychotherapy Notes requires a separate authorization.**

Once my health care information is released, the information may be re-disclosed by the recipient and may no longer be protected by law. Treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I agree to this authorization. I understand that the recipient of my health information may be charged for the service of releasing medical information.

This authorization form will automatically expire when Cleveland Clinic is no longer providing school-based health care services to the students of the Maple Heights City School District, when I am no longer a student of Maple Heights City School District, or when I revoke this authorization, whichever occurs first. I may revoke this authorization at any time, except to the extent that action has been taken in reliance upon it, through written notice sent to: Administrator, Community Pediatrics, Cleveland Clinic Children's, 9500 Euclid Avenue A-11, Cleveland, Ohio 44195.

Signature of Patient/Patient's Personal Representative**

_____/_____/_____
Date Signed

Printed Name

Relationship, if not Patient

** Psychotherapy Notes are defined as notes that document private, joint, group, or family counseling sessions that are separated from the rest of a patient's medical record.

* If other than the patient's signature, a copy of legal paperwork verifying the patient's personal representative **must** accompany the request (i.e., court-appointed guardian of the person, durable power of attorney for health care). Exception: Parent signing for a patient under the age of eighteen.



**PATIENT ACKNOWLEDGEMENT
AND CONSENT FORM**

For scanning accuracy, affix patient label
within this outlined box



CCF398362

On behalf of myself or my minor child or other patient named below, I acknowledge and consent to the statements made in this form. Changes or alterations to this form are not binding on Cleveland Clinic Hospital and/or its affiliated facilities (each and all of them referred to as "CC" in this form).

Consent to Health Care Services: I am requesting that health care services be provided to me (or my minor child or the patient named below) at CC. I voluntarily consent to all medical treatment and health care-related services that the caregivers at CC consider to be necessary for me (or the patient named below). These services may include diagnostic, therapeutic, imaging, and laboratory services, including HIV testing. If I want any HIV testing to be performed anonymously, I will tell my CC caregiver. My blood may be used to perform routine quality assurance testing. I am aware that the practice of medicine and surgery is not an exact science; no guarantees have been made to me about the results of treatments or examinations.

Financial Responsibility:

1. a. Subject to applicable law and the terms and conditions of any applicable contract between CC and a third-party payer, and in consideration of all health care services rendered or about to be rendered to me (or the below-named patient), I agree to be financially responsible and obligated to pay CC for any balance not paid under the "Assignment of Benefits/Third Party Payers" paragraph below.

Or, b. Subject to applicable law and the Cleveland Clinic Health System Financial Assistance Policy, and in consideration of all health care services rendered or about to be rendered to me (or the below named patient), I agree to be financially responsible and obligated to pay CC for the patient balances due;

And,

2. I authorize the hospital and all clinical providers who have provided care to me, along with any billing services, collection agencies or other agents who may work on their behalf, to contact me on my cell and/or other phone using automatic telephone dialing system or other computer assisted technology.

Assignment of Benefits/ Third-Party Payers: In consideration of all health care services rendered or about to be rendered to me (or the below-named patient), I hereby assign to CC all right, title, and interest in and to any third-party benefits due from any and all insurance policies and/or responsible third-party payers of an amount not exceeding CC's regular and customary charges for the health care services rendered. I authorize such payments from applicable insurance carriers, third party payers, and other third-parties. A list of usual and customary charges is available upon request. I consent to any request for review or appeal by CC to challenge a determination of benefits made by a third-party payer. Except as required by law, I assume responsibility for determining in advance whether the services provided are covered by insurance or other third party payer.

Patient Rights and Responsibilities: I have received a copy of the Cleveland Clinic Health System Patient Rights and Responsibilities brochure or the Cleveland Clinic Health System Welcome Guide.

Uses and Disclosures of Health Information: I have received Cleveland Clinic Health System's Notice of Privacy Practices. The Notice of Privacy Practices explains how Cleveland Clinic Health System may use and disclose confidential health information that identifies me (or the below-named patient). I consent to let Cleveland Clinic Health System use and disclose health information about me (or the below-named patient) as described in the Notice of Privacy Practices. In doing so I consent to the release of my (or the below-named patient's) health information and financial account information to all third-party payers and/or their agents that are identified by CC,



**PATIENT ACKNOWLEDGEMENT
AND CONSENT FORM**

Page 2 of 2

*For scanning accuracy, affix patient label
within this outlined box.*



CCF398362

its billing agents, collection agents, attorneys, consultants, and/or other agents that represent CC or provide assistance to CC for the purposes of securing payment from all parties who are potentially liable for payment for my (or the below named patient's) health care, including for substance abuse, psychiatric care, or HIV, if applicable. I can revoke my consent in writing at any time except to the extent that CC has already relied on my consent.

Teaching Facility/ Clinical Studies: CC is a teaching facility. Doctors and others in training may be involved in my (or the below-named patient's) health care. Many CC patients participate in clinical studies. I can ask my (or the below-named patient's) doctor questions about having health professionals in training involved in the care and about participating in clinical studies, and I can explain any views I have. Clinical studies at CC go through a special process required by law that reviews patient welfare and privacy. CC patients usually consent in writing to participate in clinical studies. Sometimes family members or other surrogates are asked for consent when patients are not mentally able to give their own consent. Patients are encouraged to discuss how they feel about being research participants with family members so they will know the patients' wishes if asked.

Valuables/ Limitation of Liability: I understand that I should not bring valuables (jewelry, money, irreplaceable documents, etc.) with me to CC. I AGREE THAT CC SHALL NOT BE RESPONSIBLE FOR VALUABLES UNLESS THEY ARE DEPOSITED IN THE ADMINISTRATIVE SERVICE CENTER LOCATED IN THE HOSPITAL ADMITTING DEPARTMENT. If I do deposit valuables, CC's LIABILITY IS LIMITED to loss or damage caused by willful or wanton negligence. If I do not deposit valuables, CC is not responsible for them, even if I (or the patient named below) give(s) them to other CC personnel. Items in CC's Lost and Found are given to charity after 30 days.

By signing below, I am indicating that I have reviewed and acknowledge and consent to the terms described above.

In Person Consent	
X	
_____	_____
<i>Signature of Patient or Responsible Party</i>	<i>Date/Time</i>
_____	_____
<i>Printed Name of Patient (or Responsible Party if not the Patient)</i>	<i>Responsible Party's Relationship to Patient</i>

- OR -

Telephone Consent	
_____	_____
<i>Printed name of Individual Providing Telephone Consent</i>	<i>Relationship to Patient</i>
_____	_____
<i>Witness to Telephone Consent (optional)</i>	<i>Date/Time</i>

Northeast Ohio's Top Children's Hospital*



What is Cleveland Clinic Children's School-Based Health Center?

Cleveland Clinic Children's School-Based Health Center is a mobile, full-service pediatric office staffed with our healthcare professionals. This mobile unit will visit your child's school to provide care regularly throughout the school year as a partnership between your school district and Cleveland Clinic Children's.

Cleveland Clinic Children's mobile health center provides voluntary, comprehensive healthcare services to students in kindergarten through 12th grade. Children who are healthy are best equipped to learn and excel in the classroom. Cleveland Clinic Children's is committed to ensuring that all students receive high-quality, comprehensive healthcare with the added convenience of being at the school where students spend most of their days.

Cleveland Clinic Children's School-Based Health Center can work with your existing healthcare provider in caring for your child. If your child has no primary health care provider, the School-Based Health Center staff may become that provider. If your child needs care when school is closed, you may decide to go to area Cleveland Clinic Children's locations.



What services are provided?

- Complete physical examinations (may be used for sports physicals, camp, college, work authorizations, etc.)
- Comprehensive healthcare, including diagnosis and treatment of acute and chronic illness and reproductive health care
- Health education
- Referral services
- Health screening (vision, hearing, scoliosis, etc.)
- First aid
- Immunizations
- Mental health consultation and referrals

Why is Cleveland Clinic Children's working with school districts?

Cleveland Clinic has an existing relationship with many area school districts, including those districts that are members of the First Ring Superintendents' Collaborative (FRSC). Previous projects include annual BMI screenings, adoption of health and wellness curricula and meal guidelines for school meals.

By engaging students and their families, we will create multiple generations of patients who are better stewards of their own health care improving the population health of the pediatric community and community at large.

How do I pay for school-based care?

If you have insurance, we'll bill your insurance company. Any co-pays will be billed. If you don't have insurance, our financial counselors can help you get insurance for your child. Financial assistance is available for those who qualify.

Who will my child see in the mobile health center?

- A **Cleveland Clinic Children's Pediatrician** or **Pediatric Nurse Practitioner (NP)** will be on site to diagnose and treat illnesses and prescribe medications.
- A **Licensed Practical Nurse (LPN)** or **Medical Assistant (MA)** will assist with healthcare at some sites.

Who would have access to my child's medical records?

All medical records are confidential, as they are part of the Cleveland Clinic medical records system. Before we can share any records, parents/legal guardian must sign the *Release Form*.

How can my child receive services?

For your child to receive care, parents/legal guardian must complete the *Release Form* and *Consent to Bill Insurance Form*. After that, your child's enrollment must be updated each year.

If your child does not have a completed School-Based Health Center enrollment on file, your child will not be able to use the program. Enrollment in the health center is voluntary and can be discontinued at any time. There are no eligibility requirements except that your child currently attends the school district where the School-Based Health Center is located.

To arrange for your child to be seen at the School-Based Health Center, you may call your child's school nurse or our mobile health center staff, or send a note. Parents are welcome and encouraged to accompany their children to the health center. If your child is too ill to attend school and you would like him/her to be seen by our staff, you may call the school nurse or mobile health center to arrange for a same day appointment.

Are school nurse services still available?

Yes, the school nurse will continue to provide your child with the same services, regardless of his or her enrollment in the School-Based Health Center.



SCHOOL-BASED HEALTH CENTERS



YOUR FAMILY YOUR COMMUNITY YOUR HEALTH

SCHEDULING: 513.454.1111

PHS Services include:

- Primary Healthcare
- Dental Services
- Vision Care
- Behavioral Health



MYPRIMARYHEALTHSOLUTIONS.ORG

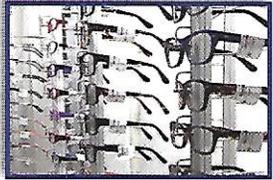
SCHOOL-BASED HEALTH CENTERS

SCHEDULING: 513.454.1111



Fairfield City School Based Health Center
211 Donald Drive
Located next to Fairfield Middle School

YOUR FAMILY YOUR COMMUNITY YOUR HEALTH



Hamilton City School Based Health Center
250 North Fair Avenue
Located in the Garfield School Building

GRAND OPENING

JOIN US
FOR A
RIBBON CUTTING
CEREMONY



"Students need to be healthy to be
educated and educated to be healthy"

TAFT'S SCHOOL BASED HEALTH CENTER



Taft Information Technology High School

420 Ezzard Charles Drive

Cincinnati, Ohio 45214

(Next to District One Police Station)



WHEN: Tuesday, August 9, 2016

TOUR/MEET & GREET: 4 - 7 pm ~~ Grand Opening

Ribbon Cutting Ceremony: 5 pm

Contact Lauren Thamann- Raines, Program Coordinator with any questions @ 357-2809 or lauren.thamann-raines@cincinnati-oh.gov

~Special Thanks to our Sponsor~

INTERACT
FOR HEALTH

A Catalyst for Health and Wellness

(Light Refreshments will be served)