CONSENT TO RECEIVE SERVICES PROVIDED BY THE SCHOOL-BASED HEALTH CENTER
Pendleton Community Care, Inc. in Pendleton County Schools
School Year 2023-24; Consent Expires October 1, 2024

Student's Name: _____ **Gender: (Circle one) Female Male**
First (Legal) MI Last (Legal)

Date of Birth: _____**Student's Social Security #:** _____ **School/Grade:** _____

Address: _____
Mailing Address Town State Zip

Mother's Home Phone: _____ **Work Phone:** _____ **Email:** _____

Father's Home Phone: _____**Work Phone:** _____**Email:** _____

Custody: ☐ Shared ☐ Mother ☐ Father

*****Student Allergies, including typical reaction:** _____

Financial Information: ☐ Private Pay ☐ PEIA # _____ ☐ Medicaid # _____

☐ CHIPS _____ ☐ Parent's Insurance Company/# _____

Insured / financially responsible person: _____ Employer:_____

Insured's social security number: _____Insured's Date of Birth: _____

Family Health Care Provider: _____

We are required to collect the following information about your child:

RACIAL GROUP YOUR CHILD MOST IDENTIFIES WITH:
Asian ___ Black/African American ___ Caucasian ___ Subcontinent Asian American ___ Asian Pacific ___ Native American ___ Pacific Islander ___ Hispanic ___ American Indian or Alaskan Native ___ Native Hawaiian ___ More than One Race ___ Other ___

ETHNICITY: Latino/Hispanic ___ Other ___ **PRIMARY LANGUAGE:** _____

BILLING PRACTICES: Billable services provided by a PCC practitioner at school will be billed to the responsible party identified above. Pendleton Community Care, Inc. will bill insurance companies where applicable. Uninsured students will be billed for services according to their ability to pay. **No student will be refused service due to an inability to pay.** Unless otherwise indicated, parents will be contacted before billable services are delivered. **PLEASE CHECK ONE OF THE FOLLOWING:**

☐ **I do not need to be called before provision of billable routine primary care services to my child.**

☐ **Call me or this other authorized individual before delivering billable service:**

Name and phone of person authorized to consent to service if I cannot be reached:

_____

Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received a copy of Pendleton Community Care, Inc.'s Notice of Privacy Practices. The Notice of Privacy Practices describes the uses and disclosures of my protected health information that might occur for my treatment, payment of my bills or in the performance of Pendleton Community Care, Inc.'s health care operations and for other purposes that are permitted or required by law. It also describes my rights to access and control my protected health information. The Notice of Privacy Practices is also posted in the waiting areas of Pendleton Community Care, Inc. and on our web-site at www.pcc-nfc.org.

I understand that Pendleton Community Care, Inc. reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling Pendleton Community Care, Inc. offices and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment or accessing the web-site at www.pcc-nfc.org.

NOTE: By law, some information requires the student's signed consent prior to disclosure to anyone, including parents/guardians. The staff encourages every student to involve his/her parent/guardian in health care decisions.

I certify that I am the legal guardian of the above named child. The student named may receive services in the School-Based Health Center. The Center may release information regarding treatment to my child's regular health care provider, and to third party payors for billing. Information may also be released to comply with statute or regulation on a confidential basis in accordance with acceptable medical practice. I hereby authorize my insurer to mail payment directly to Pendleton Community Care for covered health care services.

_____ _____ _____

Name of Parent or Legal Guardian **Signature of Parent or Legal Guardian** **Date**

Provisions of this consent do not preclude School-Based Health Center Staff from providing emergency care requested by the school system for a student under the school system's authority and responsibility for students.