



April 1, 2016

320 Pleasant Hill Road
Gaston, NC 27832
(252) 308-0577
www.rhgnc.org

Dear Parent or Guardian,

Rural Health Group, Inc. School Based Health Centers provide medical care for students while they are in school. We treat illnesses, provide urgent care, and help students manage chronic medical conditions by connecting them to a medical provider through telemedicine. We work with school nurses, parents, and your child's primary care provider to provide the best care possible. In order to do so, it is very important that you provide a complete and updated health history for your child.

Telemedicine services are provided to students regardless of insurance status or ability to pay. We do bill private insurance, Medicaid and NC Health Choice. Normal copays and/or deductibles apply, and will be invoiced to the address on record.

Students must have their parent's written permission to receive services through Rural Health Group, Inc. School Based Health Centers. Please complete and sign the attached forms and return them to the school with your student. If you prefer, you may mail the forms to the above address.

We look forward to working with you and your child this year. Parents are encouraged to contact Rural Health Group, Inc. School Based Health Centers with medical concerns so that we can work together to provide the best care for each student. We are always open to questions/concerns and welcome your feedback.

Please visit our website or call if you need additional information.

Sincerely,

Katie Carpenter
SBHC Director, Nutritionist

Meqsood Valliani, MD.
Pediatrician

Kristen Dorsey, MD
Pediatrician



Rural Health Group, Inc. School Based Health Center Minor Patient Registration Form

By completing this form, I consent in advance to my child having access to any or all available services of Rural Health Group, Inc. School Based Health Centers as long as my child remains enrolled in school. Services include: diagnosis and treatment of common illnesses and injuries, preventive health screenings, health education, mental health services, oral care, and referrals as needed.

Students must have parental permission to be seen at School Based Health Centers.

Student's Name (First, Middle, Last): _____

DOB: _____ SSN: _____ Age: _____ Gender: _____ School: _____

Mailing Address: _____ City: _____ Zip: _____

Street Address: _____ City: _____ Zip: _____

Primary Phone: _____ Parent Email: _____

Mother/Guardian: _____ Phone: _____

Father/Guardian: _____ Phone: _____

Who does the child live with most of the time? _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Primary Care Doctor/Clinic: _____

Pharmacy: _____

Person responsible for bill: _____ Relationship: _____ DOB: _____ SSN: _____

Is the patient covered by insurance? _____ Would you like information about "Sliding Fee"? _____

Primary Insurance/NC Medicaid/NC Health Choice:

Name of Insurance Company: _____ Copay Amount: _____

Ins. ID Number: _____ Group Number: _____

Name of Subscriber: _____ DOB: _____ SSN: _____

Patient's Relationship to Subscriber: _____

Secondary Insurance:

Name of Insurance Company: _____ Copay Amount: _____

Ins. ID Number: _____ Group Number: _____

Name of Subscriber: _____ DOB: _____ SSN: _____

Patient's Relationship to Subscriber: _____

Child's Name: _____ DOB: _____

HIPAA/FERPA: All students have health issues that must be handled in a confidential manner. Rural Health Group, Inc. School Based Health Center staff will share confidential information only in the following situations:

- When it is educationally relevant for a student's academic progress.
- When necessary to address a student's potential health care needs.
- To ensure the safety of the student, other students and school personnel.
- Other situations specified by law.

For example, the School Based Health Center staff may discuss the student's medication and other health care needs with the appropriate staff members who will administer the student's medication and provide care to the student while the student is at school.

Additional detailed information about the Privacy Policies that govern the School Based Health Center is available on our website at www.rhgnc.org.

I, the undersigned,

- Give permission and consent for my child to have treatment through and by the School Based Health Center. I understand the nature of this treatment, the way it is provided, and the details and limitations of this form and style of treatment.
- Give permission for the School Based Health Center to receive information from the school about my child's health history.
- Acknowledge that I have been offered a copy of the Notice of Privacy Practices (available on our website www.rhgnc.org).
- Agree to release all records related to this treatment to the Primary Care Provider.
- Agree that I will be responsible for all costs associated with said treatment and that I will provide any insurance information as requested. All costs and fees not covered by insurance will be my responsibility.
- As Parent/Guardian of the above student, I:
 - Authorize the release of any information necessary to process insurance claims for payment of benefits to Rural Health Group, Inc. School Based Health Centers.
 - Authorize payment of benefits to Rural Health Group, Inc. School Based Health Centers for services rendered.
 - Have provided details of all insurance policies that cover my child.

The information on the preceding page is true and complete to the best of my knowledge.

Parent/Guardian Name (printed): _____

Parent/Guardian Name (signature): _____

Date: _____

