University of Michigan Health-Sparrow

Welcome Letter – School-Based Health Center

Dear Student/Parent or Guardian:

The University of Michigan Health – Sparrow has partnered with some community schools within the Eaton and Ingham county area to offer School-Based Health Centers. The goal of the School-Based Health Centers is to improve the health and well-being of students and families.

What is a School-Based Health Center?

- The School-Based Health Centers are staffed by Advanced Practice Providers, Medical Assistants and/or Licensed Mental Health Professionals.
- Offered services include a range of physical, mental, and behavioral health services to children and young adults.
- The Health Centers are not intended to replace an existing Primary Care Provider (PCP) but are designed to complement/support your primary care services (preventative visits, vaccines, physicals, acute illnesses, etc).
- For patients who do not have a PCP, the Health Center can assist in establishing care with a new PCP.

What can I do to register?

- Please complete the enclosed forms and return them to your school office or Health Center via mail, our secured drop box or in person. The enclosed forms include:
  - **General Consent for Healthcare Services**
  - **Health History Questionnaire**
  - **We also need a copy of the patient's health insurance card (front and back)**

How is private health information shared?

Please visit the University of Michigan Health – Sparrow Notice of Privacy Practices website at https://www.uofmhealthsparrow.org/privacy-policy/notice-privacy-practices or ask the Health Center for a copy of the privacy policy. This notice describes how medical information may be shared. Please review it carefully.

Thank you,
University of Michigan Health – Sparrow School-Based Health Center Team

East Lansing High School
509 Burcham Dr.
Door 59
East Lansing, MI 48823
Phone: (517) 827-6290
Fax: (517) 827-6293

Grand Ledge High School
820 Spring St
Door 20
Grand Ledge, MI, 48837
Phone: (517) 925-5590
Fax: (517) 925-5591

University of Michigan Health-Sparrow
Frequently Asked Questions

1. **Who can receive care at the Health Centers?**
   - Youth and young adults ages 5 – 21
   - Infants and children of young adults
   - Young adults up to age 26 who are enrolled in the special education program
   - Appointments and walk-ins welcome. See school's website for hours and locations.
   - Signed consents are valid for one school year and will expire August 31 of each year, or sooner if there are any changes to legal custody or guardianship. A new consent will need to be provided by September 1 each year. Signed consents are no longer valid when the patient turns 18 years of age; the patient will be able to consent to treatment with each visit.

2. **What Services do the Health Centers provide?**

The following services may be provided at the Health Center:

- Preventative care
- Medication administration
- Treatment of acute and chronic injuries and minor illnesses
- Physical exams for school, sports, and camps
- Well-child visits
- Referral for specialty care (insurance limitations)
- Health education
- Risk assessments
- Immunizations
- Medicaid outreach and enrollment
- Behavioral health services
- Group therapy
- Crisis intervention
- *Physical/Sexual Abuse Counseling and Referrals
- *Substance Abuse Education, Counseling, and Referrals
- *Sexually Transmitted Infection and HIV Testing, Treatment, and Counseling
- *Pregnancy Prevention Counseling, Testing, and Referrals
- **Mental Health and Psycho-Social Assessment, Counseling, and Referrals (limit of 12 visits in 4 months)

Services NOT provided: Distribution or prescription of birth control pills and/or devices, such as condoms, abortion counseling, referrals, or services. Distribution of prescription medications provided by families will continue to be distributed by the school nurse or designated school staff in accordance with district policy.

* Michigan Law allows minors to receive confidential services in these areas without parental consent.

** Michigan Law allows minors 14 years and older to receive confidential services in these areas without parental consent.

The confidential services will remain confidential unless:

- The healthcare provider believes there is a medical reason to inform a parent/guardian. The provider will first talk with the minor before telling a parent/guardian;
- The healthcare provider believes the minor may harm themselves. The provider will first tell the minor that they are going to tell a parent/guardian; or
- The minor threatens to hurt someone else. If the healthcare provider believes the minor will hurt the other person, then the healthcare provider must tell the other person and the police. The healthcare provider will talk to the minor about the threats and will tell a parent/guardian.

Healthcare providers are required to report suspected child abuse or neglect to Child Protective Services.

3. **Is insurance required to receive care?**
   The health center will bill your insurance. However, the health center will treat uninsured patients, regardless of ability to pay.

4. **How will parents be informed of non-confidential treatment provided at the health center?**
   The After Visit Summary can be found within the patient's MySparrow portal. If the patient does not have a MySparrow portal, then the After Visit Summary will be communicated via phone. Visits that fall under the minor consent agreement for confidential services will be handled in accordance with Michigan law. To learn more about MySparrow and to create a MySparrow portal, visit https://www.uofmhealthsparrow.org/patient-resources/mysparrow.

5. **Can I withdraw my consent or my child's consent after this form has been signed?**
   Yes, you may withdraw consent for services at any time. To do so, the patient's parent/guardian (if the patient is a minor) must submit a signed written request to the Health Center. Requests may be mailed, hand delivered to the clinic or placed in the secured drop box. Please address your letter to the School-Based Health Center.

University of Michigan Health-Sparrow **School-Based Health Center** **General Consent for Healthcare Services and Important Patient Information - CHILD**	MRN (office use only): NAME: BIRTHDATE:

Notice of Privacy Practices (NPP) Acknowledgement

I hereby acknowledge I have been offered or received the University of Michigan Health – Sparrow Notice of Privacy Practices.

General Consent to Receive Health Care Services

I, as the parent/guardian, want my minor child to receive health care services from University of Michigan Health – Sparrow including medical, psychological, nursing and/or other health care. Services may include:

- Physical exams, health education and immunizations
- Basic lab tests e.g. urinalysis, rapid strep, venipuncture
- Diagnosis and management of acute chronic illnesses
- HIV / STI services (e.g. screening, testing, counseling, etc.)
- Behavioral health screening and management
- Individual and group psychotherapy
- Medication administration
- Minor-consented services
- Telemedicine services
- Other treatment necessary for my care

I agree that University of Michigan Health – Sparrow (UMH-Sparrow) can share my child's health information as needed for care or billing and that various departments may contact me. To facilitate my child's care and medical needs, UMH-Sparrow departments may need to provide necessary information about my child to other outside healthcare providers. I have a right to discuss my child's health care with my child's health care providers at any time. I have a right to agree to or refuse any care. I understand that my child's health care providers generally will obtain my consent after discussing specific care, therapies and procedures with me. My child's health care providers will review known risks, expected benefits and alternatives to therapies in those discussions. I may need to give additional consent for invasive procedures and special treatments. I understand that it is impossible to avoid certain risks in the practice of medicine.

Assignment of Medical Benefits

I agree that I will be responsible for my child's co-payments, deductibles or other charges for medical services not covered or paid by insurance or other third-party payers. This is true except in cases where Michigan or federal law, or an agreement between my child's insurance company and UMH-Sparrow does not allow it. I assign all managed care benefits to UMH-Sparrow to help the process of paying UMH-Sparrow for health care services my child received. I agree to help UMH-Sparrow follow up on these claims.

I further understand:

- my child may visit the health center without a parent or guardian present and without phone call notification prior to the visit;
- I, as the original signer of this consent, can withdraw this consent at any time by submitting a request in writing to the School-Based Health Center via mail or in person;
- my child may have the opportunity to participate in health and wellness related educational programs and can give feedback on services and programs through surveys or focus groups;
- my child may be administered a behavioral risk assessment during their visit. The results of the assessment will be included in the After Visit Summary, as allowed by Michigan law;
- testing for bloodborne diseases, including HIV/AIDS, may be performed on my child without separate written consent if a healthcare professional is exposed to a patient's blood or body fluids;
- no person will be denied services regardless of ability to pay;
- patient's privacy and health information will be handled in a confidential manner consistent with the University of Michigan Health – Sparrow's Notice of Privacy Practices, which can be found at https://www.uofmhealthsparrow.org/privacy-policy/notice-privacy-practices or at the Health Center, and as

required by the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA);

- vaccinations will not be administered to my child without first having a verbal conversation with the parent/guardian; and
- this consent will expire on August 31 each year OR if there are changes to legal custody or guardianship. A new consent will need to be signed and returned by September 1st each school year.

My signature represents I have read and understand the information on this form before I signed it including:

- **A copy of UMH-Sparrow System's Notice of Privacy Practices was made available to me.**
- **I am providing a General Consent for my minor child to receive healthcare Services at the School-Based Health Center during the current school year.**
- **Assignment of Medical Benefits Agreement**

_____ _____/_____/_____
Signature of Parent or Legally Authorized Representative Date (mm/dd/yyyy)

_____ Time:_____A.M. / P.M.
Printed Name of Parent or Legally Authorized Representative
Relationship: ☐ Parent ☐ Legal Guardian

_____ _____/_____/_____
Printed Name of Minor Birthdate (mm/dd/yyyy)