



Dear Parent/Guardian:

Waynesville School District has partnered with Central Ozarks Medical Center to offer medical services on campus for the spring semester in addition to the behavioral health services currently provided by Jocelyn Gutowski, LCSW. Laurie Sparr, family nurse practitioner, will provide these services under the supervision of COMC's pediatrician, Dr. Kristin Theobald-Hazel. Laurie can provide a complete range of medical services to your child, from urgent care when they become sick at school to monitoring chronic conditions, such as asthma.

COMC is a local non-profit organization that has worked to meet the health care needs of our community and the surrounding area since 1979. This program will provide any pre-registered child an opportunity to receive behavioral services at school during normal school hours.

There will never be any treatment provided to your child without your consent. Should your child need to be seen by Laurie, you or another person you have identified (on the following forms) will be called prior to any care occurring, and you will be able to be present during care. You will also receive a summary of any care your child receives, and any prescriptions or other referrals your child needs. If you indicate on the form the name of your child's medical provider, we will provide records of any visit your child has at the school to their provider.

We will bill your child's insurance, if any, for the services they receive, but any remaining balance **WILL NOT** be billed to the parents/guardians. We accept Medicaid, Tri-Care, private insurance and offer a Sliding Fee Scale Program based on family size and income. There will be a spot to request more information on the Sliding Fee Scale Program later in the forms provided for you or your child as well as help determining insurance and Medicaid eligibility.

We look forward to working with you to provide the best possible behavioral health services for your child. If you have any questions or concerns please contact either COMC at 573-765-5131 or Laurie at .

Sincerely,

Robert Stiles
Chief Executive Officer

Patient Registration Form

Student Name: _____ Birth Date: _____

Race/Ethnicity: _____

Parent/Guardian: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____@_____

Does your child have a medical provider? ___Yes ___No
If yes, who is the provider? _____

Do you have a preferred pharmacy? _____

Is there any additional information that you have not provided to the school that you feel is important or would help in the treatment of your child?

Responsible/Insured Party Information:

Child is covered by Medicaid: Yes No Medicaid #: _____

If other insurance:
Name of Insurance: _____

Policy Number: _____ Group Number: _____

Insurance Billing Address (back of card): _____

Name of Policy Holder: _____ Relationship to patient: _____

Policy Holder Date of Birth: _____ Employer: _____

Social Security Number of Policy Holder: _____

Home Phone: () _____ Work Phone: () _____

If you would like information on our Sliding Fee Program, please list a daytime phone #: _____



Consent to Treat

I, _____, consent for treatment of _____.
Printed Name of Parent/Guardian/Self Printed Name of Student/Myself

I attest that I have legal responsibility for this patient and the legal right to direct the medical treatment of this patient. This consent allows for treatment today and all future appointments. This record may be given to other providers within Central Ozarks Medical Center to treat this minor as needed.

Assignment of Benefits and Authorization to Release Medical Information

I request that payment of authorized benefits Medicare, Medicaid, and/or any Insurance Carrier listed, be made to me or on my behalf to the provider listed on this form, for any services furnished to me by that physician/supplier. I authorize any holder of medical information about me to release it to the Division of Family Services, the Health Care Financing Administration, listed insurer(s), and/or agents of these companies, and/or the listed responsible person(s), any information needed to determine these benefits or the benefits for other related services.

HIPAA Release

I authorize the additional individuals listed below to provide consent for treatment and to receive health information related to my child’s treatment.

Authorized Individual(s) and Phone Number(s) _____

Parent/Guardian Acknowledgement of Receipt of Privacy Practices

I acknowledge that I have received a copy of the Notice of Privacy Practices (on following page).

Parent/Guardian/Self Signature

Date

About Our Notice of Privacy Practices

Notice of Privacy Practices: This notice describes how medical information about you can be used and disclosed, and how you can get access to this information. Please review it carefully. If you have any questions, please contact our Privacy Officer at phone number (573) 765-5131 or cmcelyea@centralozarks.org.

Who will follow this notice? : All COMC employees, temporary or contract staff, students and volunteers.

What is this Notice?: We are required by law to maintain the privacy of your protected health information. We are also required by law to give you this notice of our legal duties and privacy practices regarding your health information. We are required to notify you if there is a breach of your unsecured protected health information. We are required to follow the terms of the current Notice of Privacy Practices.

We may use and disclose your health information for: **Treatment:** We may use and disclose health information for your medical treatment and services. **Payment:** We may use and disclose health information to bill for and receive payment for the services provided to you. **Health Care Operations:** We may use and disclose health information for purposes of health care operations. **Appointment Reminders:** To remind you that you have an appointment scheduled with us. **Treatment Alternatives:** To inform you of treatment options available to you. **As required by Law:** When required to do so by applicable law. **To prevent a Serious Threat to Health or Safety:** To prevent a serious threat to your health and safety or the health and safety of others. **Individuals Involved in your Care:** Unless you object, to friends, family members or others involved in your medical care or who may be helping pay for your care. **Organ and Tissue Donation:** Organ or tissue donation to organizations that handle organ procurement and transplant. **Decedents:** Health records for patients deceased 50 or more years are no longer considered Protected Health Information. **Genetic Information:** Genetic Information is considered Protected Health Information, which may be disclosed with authorization but cannot be used by health plans for underwriting purposes. **Military and Veterans:** If you are a member of the armed forces, as required by military command authority. **Worker's Compensation:** For worker's compensation purposes or similar programs providing benefits for work related injury or illness. **Public Health Activities:** For public health activities such as preventing or control of disease, reporting births and deaths, and reporting child abuse and neglect. **Health Oversight Activities:** To governmental agencies and boards as authorized by law such as licensing and compliance purposes. **Breach Notification:** Uses or disclosures of PHI that are not permissible are now presumed to be a Breach, unless it can be demonstrated a "low probability" exists that your PHI has been compromised or that an exception applies. **Disaster Relief:** Unless you object, to disaster relief organizations to coordinate your care or notify family and friends of your location or condition following a disaster. **Lawsuits and Disputes:** In response to a warrant, court order, or other lawful process. **Law Enforcement:** Pursuant to process and as otherwise required by law. **Coroners, Medical Examiners, Funeral Directors:** As necessary to determine the cause of death or to perform their duties. **National Security and Intelligence Activities:** To authorized federal officials for intelligence and other national security activities as authorized by law. **Protective Services for the President and Others:** To federal officials to provide protection to the President and other authorized persons, or conduct special investigations. **Inmates or Individuals in Custody:** If you are an inmate or in the custody of law enforcement, we may disclose to the correctional institution or law enforcement official as necessary to provide you with health care, to protect the health and safety of you and others, or for the safety and security of the correctional institution. **Research Studies and Clinical Trials:** Authorizations may be combined in the research context subject to certain requirements, and authorizations for future research are also permitted. **Business Associates:** Business Associates are directly liable for violations of the HIPAA/HITECH Act. Subcontractors of a business associate that create, receive, maintain or transmit PHI on behalf of the business associate are likewise HIPAA business associates, and subject to the same requirements that the first business associate is subject to. **Fundraising:** For raising funds. You may opt out of receiving fundraising communications at any time. **Other disclosures:** With certain exceptions, we are not allowed to use or disclose psychotherapy notes without your authorization. We are also not allowed to use or disclose your health information for marketing purposes or sell your health information without your authorization. Other uses and disclosures of your health information not described in this Notice of Privacy Practices or applicable laws will require your written authorization. If you choose to permit us to use or disclose your health information, you can revoke that authorization by informing us of your decision in writing. If you revoke your authorization, we will no longer use or disclose your health information as set forth in the authorization. However, any use or disclosure of your health information made in reliance on your authorization before it was revoked, will not be affected by the revocation.

Your rights regarding your health information: In most cases, **you may make a written request to look at, or get a copy of your health information.** If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you have the right to have that denial reviewed by a licensed health care professional who was not directly involved in the denial of your request, and we will comply with the outcome of that review. **If your health information is maintained in electronic format, you have the right to request an electronic copy of your health information.** If your health information is not readily producible in the format you request, it will be provided either in our standard electronic format or as a paper document. We may charge you a reasonable cost based fee for the labor associated with transmitting electronic health information. If you feel your health information is incorrect or incomplete, **you have the right to request that we amend your information.** You must submit a written request providing your reason for requesting the amendment to the Privacy Officer. Your request to amend your health information may be denied if it was not created by us; if it is not part of the information maintained by us; or if we determine that the information is correct. You may submit a written appeal if you disagree. Your request for amendment will be included as a part of your health information. **You have the right to receive a list of certain disclosures we made of your health information,** for a period of time up to six years prior to the date of your request. The first list you request in a 12-month period is free. If you make more requests during that time, you may be charged our cost to produce the list. We will tell you about the cost before you are charged. **You have the right to a paper copy of this notice.** You may ask us to give you a copy of this notice at any time. **You have the right to request that your health information be given to you in a confidential manner.** You have the right to request that we communicate with you in a certain way or at a certain location, such as by mail or at your workplace. Any such request must be made in writing to the Privacy Officer. We will accommodate reasonable requests. **You have a right to ask that we not disclose your health information to your health plan if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law.** Such restricted disclosure must pertain solely to a healthcare item or service for which you, or someone on your behalf, have paid us in full. **You may request, in writing, that we not use or disclose your health information** for treatment, payment or healthcare operations; or to persons involved in your care; when required by law; or in an emergency. All written requests or appeals should be submitted to our Compliance Office listed at the end of this notice. We are not required to agree with the requested restrictions. **You have the right to be notified if there is an unauthorized use or disclosure of your unsecured protected health information unless we determine that there is a low probability that your information has been compromised.**

Complaints: If you believe that your privacy rights may have been violated, you may contact our Privacy Officer, Courtney McElyea, at 573-765-5131 or by email at cmcelyea@centralozarks.org. You may write us at Central Ozarks Medical Center Attn: Courtney McElyea PO Box 777, Richland, MO 65556. You may also contact Missouri Department of Health, Bureau of Health Facility Regulation: 1-573-751-6303 and/or the State Attorney General's Office Consumer Hot Line: 1-800-392-8222. You may file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> The Office of Corporate Compliance can provide the mailing address. We will not retaliate against you for filing a complaint. If we change our policies regarding our use and/or disclosure of your protected health information, we will change our Notice of Privacy Practices and make the revised notice available to you on our website and our practice locations. You may access our website at <http://www.centralozarks.org>. You may also request a paper copy of the current Notice of Privacy Practices at any time.