

## Sandy School-Based Health Center

37400 Bell St. Sandy, OR 97055 (503) 668-3483

Dear Student or Parent of the Oregon Trail School District,

All students in the Oregon Trail School District have access to comprehensive physical, mental, and preventive health services at the Sandy School-Based Health Center. The clinic is staffed by a family nurse practitioner, mental health therapist and certified medical assistant who are dedicated to creating a safe and inviting environment for students in grades K-12.

Students are welcome to make their own appointments or parents can make appointments for their student(s) to be seen during school hours, which are Monday through Friday, from 8:00 a.m. to 4:30 p.m. The clinic is closed when school is not in session.

If you wish, you may complete the enclosed Consent to Treatment form for your student and return with other registration materials. No student will be denied services due to lack of insurance, but whenever possible, insurance will be billed. No co-pay is charged. Students and families will not be responsible for any balance not covered by insurance. If you have insurance, please bring your insurance card to the appointment. Please complete the form on the back of this letter, or provide a copy of the student's insurance card (front and back) and return it with registration materials. Ability to bill insurance helps support the Health and Wellness Center.

The following services at the School-Based Health Center focus on preventing illnesses and promoting healthy behaviors:

- Diagnosing and treating injury and illness, referrals to specialty care as needed
- Comprehensive physical exams and sports physicals and concussion checks
- Mental or emotional health services
- Health education and wellness counseling
- Screenings (blood pressure and vision)
- Lab tests and Immunizations
- Coordination of care with the student's primary care provider Call us at (503) 668-3483 during the school year to make an appointment or if you have any questions.



Carol Kepp

Manager, School Based Health Center

Sarah Dorn

Principal, Sandy High School



**Sandy School-Based Health Center  
Insurance Collection Form**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_\_\_

Insurance phone number and address (back of card) \_\_\_\_\_

*Please submit this completed form and the Consent for Treatment Form with School Registration Materials.*

**Copy of insurance card front and back may replace completion of this form**

\*This information will be used if your child sees the nurse practitioner and/or mental health therapist at the School-Based Health Center during the school year. No co-pay is required, and students or their families will not be responsible for any balance not covered by insurance. The SBHC provides comprehensive physical, mental and preventive health services.

# Clackamas Health Centers Consent to Treatment

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Patient Name \_\_\_\_\_

## Consent to Treatment

I give my permission to the healthcare providers, care team members and associates of Clackamas Health Centers to diagnose and treat me. I consent to any and all treatment including, but not limited to, physical examinations, psychological examinations, laboratory procedures, and other procedures related to routine diagnosis and treatment as determined appropriate by the practice's healthcare providers, care team members and associates.

I understand that I have the right to information on the expected risks and benefits of treatment.

I understand that I may start and stop treatment whenever I choose.

## Authorization regarding payment

I understand that services will be provided regardless of whether or not I have medical insurance.

I understand the Clackamas Health Centers Sliding Fee Discount. I understand that if approved for a discounted fee, I may still be expected to pay a nominal fee for each visit. I acknowledge that not all services I receive may be eligible for a discount and I may be responsible for fees.

I hereby authorize and request the payment of services from Medicare, Medicaid and/or other insurance plans or payers be made on my behalf to Clackamas Health Centers. I hereby assign to Clackamas Health Centers all payments for treatment services.

I authorize Clackamas Health Centers to provide to my insurance companies all information necessary to process insurance claims. I authorize any payment from my insurance companies to be paid directly to Clackamas Health Centers.

I authorize Clackamas Health Centers to release to the insurance companies any treatment information required to process my claims.

## Notice of Privacy Practices and Other Handouts

I have been given Clackamas Health Centers' Notice of Privacy Practices and information about my rights and responsibilities, the complaint process, confidentiality, risks and benefits of treatment, and service options offered by Clackamas Health Centers.

\_\_\_\_\_  
Patient's / Patient's representative's Signature

\_\_\_\_\_  
Patient's / Patient's representative's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative's relationship to Patient

Under Oregon Law

A minor of any age may consent without notifying their parent or guardian to receive birth control services or treatment for sexually transmitted infection.

A minor aged 14 or above may give consent to mental health, or substance abuse treatment without notifying their parent or guardian.

A minor aged 15 or above may give consent to medical treatment without notifying their parent or guardian.

ORS 109.610, 109.640, 109.675

Patient Label (office use only)