

Welcome to School Based Health Care

We are glad you are making the choice to see us and are happy to provide this service to you. There are a few things that are important to understand about this care and the relationship you will have with us. (Please note that references to “your child” do not apply to person’s 18 years old, emancipated young adults, or for some specific care-see attached FAQ sheet). If you are the student seeking care from us and you are responsible for yourself, please insert “you” in the format of this information sheet rather than “your child”.)

These services are provided to your child by the North Olympic Healthcare Network (NOHN). The Port Angeles School District (district) is providing space for your child to see a provider from NOHN, but is not responsible for your child’s care. NOHN is responsible for your child’s care. All communications regarding your child’s care should be made with NOHN and not the school nurse or the district, unless you provide express permission for such information about your child to be shared between the school nurse and the district. In addition, the district cannot share your child’s information with NOHN, unless you give them permission to do so. Emancipated or 18 year old young adults do not need to provide the permission slip. Please contact a NOHN navigator if you are unsure if this applies to you. Please complete the permission slip below if you wish to give permission for NOHN and the district to share medical information about your child with each other. For more information about NOHN, please visit our website.

Your visit to NOHN at the school will consist of basic examinations and care. A credentialed and licensed provider and navigator will be at the school to care for your child. Patients may be referred by NOHN to their site and/or other sites for testing or more detailed examinations/procedures. A NOHN navigator will assist you with scheduling those services. If you need assistance with transportation, please contact a NOHN Navigator.

Cost of Services – Please refer to the information provided in your packet regarding financial options. NOHN bills most insurance and accepts State of Washington health care payments (Apple Health). If you do not have insurance, NOHN can assist with insurance enrollment (including Apple Health). NOHN also offers a sliding fee program that, with approval, will discount the cost of care. NOHN navigators are happy to assist you with the application processes. If you have questions about billing, please contact NOHN’s billing department or review the billing information link on our website. The cost of this care is not covered by school district funding.

Instructions Regarding Forms

Enclosed is a *new patient* registration packet and consent forms from NOHN. If your child is already a patient of NOHN, you do not need to complete the registration packet. If you are a patient of NOHN and want to be seen at the school, we will need your permission to treat at that location. If you are a new patient to NOHN, please complete the registration forms in their entirety. If something does not apply to you, place “n/a” to indicate it is not applicable. Incomplete registration and health questionnaires will delay the care your child will receive. The forms are used to create a chart for the child.

Please complete the consent at the end of this document for permission to receive treatment and to share information, if desired. Students are encouraged to discuss their medical needs with parents or guardians. Parents are allowed to be present during the visit, but must check in with the main office of the school, as is usual for school visits. However, some services can be provided without permission from parents or guardians. Please see the attached FAQ sheet for more information.

Please bring the completed registration paperwork to the district school nurse or one of our Patient Navigators along with a form of photo ID (School photo ID, Driver's license or a passport are acceptable forms of identification) and medical insurance card for each person registering for health care at this clinic. Incomplete packets will be returned to you.

On the "DISCLOSURE AUTHORIZATION How We Can Contact You" form, the parent or guardian should sign and date the bottom; printed name should be the patient.

Complete the "DISCLOSURE AUTHORIZATION With Whom We Can Discuss Your Information" form if you want us to share your child's information. ie: if your child has a primary care provider, write their name and address on this form and we can send them the child's medical records. If the child is 13 years or older, the State of Washington requires their signature as the patient. For the expiration date at the bottom, please write-in, "Until revoked" or enter a specific date; for children, this date should be no longer than the date they reach the age of 18.

Please hand-carry the registration forms back to NOHN along with your photo ID and medical insurance cards. For questions, please check in with the school nurse or a NOHN Navigator.

How to Contact North Olympic Healthcare Network:

Website: www.NOHN-PA.org

Clinic Address: 240 West Front Street
Port Angeles, WA 98362

Phone Contacts: Clinic: (360) 452-7891
 Patient Navigators: (360) 452-7891 ext. 2855
 Billing Department: (360) 452-8086 ext. 2858

CONSENT FOR TREATMENT OF A MINOR CHILD

I authorize North Olympic Healthcare Network to provide medical care to my minor child, with or without my presence, until further notice. I understand that I am still fully responsible for any medical expenses incurred. If needed, I give permission for my child to be excused from class to receive this care, as appropriate, providing that normal school protocol is followed for such a release.

Name of child: _____

Limitations of services, if any (except services permitted to a child without parental consent which are allowed by law) _____

Additional information about medical conditions, allergies, or regular medications not already documented in the chart: _____

Signed: _____ Date: _____

Printed name of signer: _____

Relationship to minor child: _____

Address of signer: _____

Contact phones: Home _____ Cell _____ Work _____

I authorize North Olympic Healthcare Network to disclose health care information about my child to the Port Angeles School District nurse to coordinate my care. Yes ___ No ___

I authorize the Port Angeles School District to disclose health and student information about my child to North Olympic Healthcare Network to coordinate my care. Yes ___ No ___

Signed: _____ Date: _____

Printed name of signer: _____

Relationship to minor child: _____

Minor Children without Parental/Guardian Consent to Treat

If you are a student who is not living with a parent or legal guardian and are therefore unable to obtain the signature for treatment on the “Consent to Treat” form, please see the School Nurse. Under certain circumstances, homeless youth or youth without legal guardianship can access health care services and sign up for insurance. A family member that is not a legal guardian can also consent to treat a minor patient. We have attached information relevant to this circumstance. If you have any questions, please contact the school nurse or a NOHN Navigator.