

## **RIGHTS OF PARENTS OR LEGAL GUARDIANS OF SCHOOL HEALTH PROGRAM (SHB) PATIENTS:**

- To give your child written permission to receive medical, behavioral health, nutrition, dental, and/or health education services at a School-Based Health Center (SBHC).
- To refuse or withdraw permission for your child to receive SHP services.
- To be treated with politeness, dignity, and respect by SHP staff.
- To request that your child receive services at any time, regardless of your ability to pay for those services.
- To be informed of your child's visits to the SHP via telephone or written communication, as deemed by the provider rendering services.
- To prompt and quality care for your child.
- To refuse any recommended treatment for your child.
- To the privacy and security of your child's protected health information including but not limited to contact information, medical history, and family income disclosed on the patient registration form.
- To request and obtain documentation pertaining to services rendered by the SHP, excepting those that are qualified as confidential by NC Minor Consent Law.

## **RESPONSIBILITIES OF PARENTS OR LEGAL GUARDIANS OF SCHOOL HEALTH PROGRAM (SHP) PATIENTS.**

- To read and understand the terms of use of School Health Program (SHP) services, as described in the registration packet; to complete the registration form to the best of your ability; and to sign the form showing your understanding of these terms, thereby permitting your child to receive services.
- To mark the signed registration form as a REFUSAL of permission for services OR by providing a SBHC with written documentation of your desire to rescind services for a previously registered child.
- To treat the SHP staff with politeness, dignity, and respect.
- To provide accurate and current health insurance coverage information for your child. If you do not have insurance, to provide accurate income information to apply for BRCHS discounted services.
- To provide accurate and current contact information, including an emergency telephone number on your child's registration form.

- To provide accurate information on your child's registration form, including medical conditions, current medications, and allergies.
- To follow through with recommended treatment plans (i.e. obtaining prescriptions, keeping referral appointments, etc.).
- To consult with another service provider for alternative treatment options regarding the health and safety of your child.
- To act discreetly while in public waiting areas and provide any written documentation directly to a SBHC. To respect the privacy of others by not discussing medical conditions or family matters of other children in public areas.
- To request any health information by completing a Release of Information form at a SBHC or by directly contacting BRCHS Medical. We cannot disclose any information from your child's medical without your signed and dated request.