



RIGHTS OF PARENTS OR LEGAL GUARDIANS OF SCHOOL-BASED HEALTH CENTER (SBHC) PATIENTS

- You have the right to give your child written permission to receive medical, behavioral health, nutrition, dental, and/or health education services at an SBHC.
- You have the right to refuse or withdraw permission for your child to receive SBHC services.
- You have the right to be treated with politeness, dignity, and respect by SBHC staff.
- You have the right to request that your child receive services at any time, regardless of your ability to pay for those services.
- You have the right to be informed of your child's visits to the SBHC via telephone or written communication, as deemed by the provider rendering services.
- You have the right to prompt and quality care for your child.
- You have the right to refuse any recommended treatment for your child.
- You have the right 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.
- You have the right to request and obtain documentation pertaining to services rendered by the SBHC, excepting those that are qualified as confidential by NC Minor Consent Law.

RESPONSIBILITIES OF PARENTS OR LEGAL GUARDIANS OF SCHOOL-BASED HEALTH CENTER (SBHC) PATIENTS

- It is your responsibility to read and understand the terms of use of SBHC 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.

- It is your responsibility to mark the signed registration form as a REFUSAL of permission for services OR to provide the SBHC with written documentation of your desire to rescind services for a previously registered child.
- It is your responsibility to treat SBHC staff with politeness, dignity, and respect.
- It is your responsibility 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 BRH discounted services.
- It is your responsibility to provide accurate and current contact information, including an emergency telephone number, on your child's registration form.
- It is your responsibility to provide accurate information on your child's registration form, including medical conditions, current medications, and allergies.
- It is your responsibility to follow through with recommended treatment plans (i.e. obtaining prescriptions, keeping referral appointments, etc.).
- It is your responsibility to consult with another service provider for alternative treatment options regarding the health and safety of your child.
- It is your responsibility to act discreetly while in public waiting areas and provide any written documentation directly to the SBHC.
- It is your responsibility to respect the privacy of others by not discussing medical conditions or family matters of other children in public areas.
- It is your responsibility to request any health information by completing a Release of Information form at a SBHC or by directly contacting Blue Ridge Health. We cannot disclose any information from your child's medical records without your signed and dated request

