



# Nita M. Lowey CENTER FOR HEALTH IN SCHOOLS

OPEN DOOR FAMILY MEDICAL CENTER

## Healthy Children for a Better Tomorrow

### School Based Health Centers (SBHC)

provide a full range of medical services, dental and behavioral health screenings, and care for students when they are sick – all within your child's school.

With a focus on prevention and wellness, children are healthy and ready to learn.



#### **NO out of pocket costs** No co-pays.

All insurances accepted. Uninsured welcome. Families are **NEVER BILLED FOR SERVICES.**



#### **Eliminate time lost** for doctor's office visits. Missed time from work, traveling, sitting in waiting rooms.



National studies indicate that students **NOT enrolled** in a SBHC **lost 3x as much class time** as enrolled students.



**SBHC staff know the students,** school community and culture, addressing health and wellness from an inside perspective.



SBHCs help children and families take control of chronic conditions - like asthma - to **avoid emergency room visits.**



**Open Door** offers **insurance enrollment.**  
Every child in NYS is eligible for **HEALTH INSURANCE.**



### SBHC SERVICES

- Primary medical care (includes complete physical exams)
- Dental/oral health screenings and care
- Behavioral health screenings
- Sports physicals
- Immunizations
- First aid/sick care
- Laboratory tests
- Health education
- Referrals to specialty care
- Chronic illness care (includes asthma, diabetes, and weight management)
- Health insurance enrollment
- Prescriptions

### HOW IT WORKS

- Serves all students living in the Webutuck Central School District
- Elementary students will be escorted to the SBHC in the High School/EBIS building
- The SBHC can be your child's primary care provider (PCP)
- Each SBHC student will have an annual health check to keep care up to date
- Students who already have a PCP can still use SBHC services while at school

One time **PARENTAL CONSENT** is required. To enroll your child please scan the QR code.



#### The SBHC is located:

In the hallway connecting Webutuck High School  
and Eugene Brooks Intermediate School

#### Webutuck Central School District

194 Haight Road  
Amenia, NY 12501  
845-247-1040

#### After hours and on weekends:

(914) OD-CARES  
(914) 632-2737

## Nita M. Lowey Center for Health in Schools School Based Health Center Consent Form

By completing and signing this form, I consent for the Open Door Family Medical Center School Based Health Center (SBHC) to provide medical care (in person or virtual) to the student named below, including necessary medical tests, evaluations, immunizations and care management, as allowed by New York State law.

I understand that:

1. Medical providers employed by Open Door Family Medical Center deliver care in the School Based Health Center (SBHC) located within your child's school district.
2. The School Based Health Centers are licensed by the New York State Department of Health to provide comprehensive primary care services.
3. This consent form will remain in effect as long as the student is enrolled in school and lives in the school district, unless I notify the School Based Health Center that I wish to revoke my consent, which I may do at any time.
4. All SBHC-enrolled students will have one yearly medical well-visit in the SBHC. When the SBHC provider is the student's primary care provider, this will be the annual physical exam. For students with a non-SBHC provider as their primary care provider, this will be a brief visit to update the medical record and complete routine screenings.
5. Confidentiality between the student and the health provider will be ensured in specific service areas in accordance with the law.
6. The student's health center record will be maintained as a confidential medical record; it is not a school record. As mandated by the Education Law Article 19 and the Regulations of the Commissioner, health examinations in the school years for which they are required, as well as those for new entrants and sports physicals, will be shared with the school nurse. Additional health information will be shared with the school nurse only on a need-to-know basis, as determined by the SBHC Clinical Director, to secure the child's health and welfare.
7. By law, parental consent is not required for prenatal care, sexual education and services, mental health care and pregnancy prevention, and the provision of services where the health of the student appears to be endangered. Parental consent is not required for students who are 18 years or older or for students who are parents or legally emancipated.
8. Students will be encouraged to involve their parents or guardians in counseling and medical care decisions.
9. Parents and guardians are welcome to attend appointments with their children. If a parent or guardian is not accompanying their child, and when needed due to child age or SBHC location in a separate building, patients will be escorted to and from the SBHC by a school or SBHC employee.

I authorize Open Door Family Medical Center to release information regarding treatment to third party payers or others for purposes of billing and for any reason that may be required to comply with statutes or regulations in accordance with accepted medical practices.

I have read the above information and have had the opportunity to have any of my questions answered.

<b>Student Name:</b>		<b>Address:</b>		<b>Zip Code:</b>	
<b>Date of Birth:</b>		<b>Current School:</b>		<b>Current Grade:</b>	
<b>Name of Individual Providing Consent:</b>			<b>Relationship to patient:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Self		
<b>Signature:</b>		<b>Date:</b>	If patient has health insurance, name of insurance company:		
<b>Phone #:</b>			Other Contact Phone #: Relationship to Patient:		

**Please check one:**

- ☐ A. I would like the SBHC to be my child's primary care provider/regular doctor (physical exams, sick visits, etc.)
- ☐ B. I have a primary care provider for my child and would like to use the SBHC for sick visits and other care, as needed. As stated above, all SBHC-enrolled students will have one annual well visit with the SBHC – this will not interfere with insurance coverage.

The name of my child's primary care provider is: \_\_\_\_\_

I would like the SBHC to share medical records with my child's primary care provider    ☐ Yes    ☐ No