



# InterCommunity Health Care

Health Care for the Whole Person

## InterCommunity School Based Health Centers Registration and Consent Form

School Name:

Grade:

Dear Student: Our School Based Health Center is pleased to provide medical and behavioral health services to you during school hours. Please fill out this form and return it to the school to enroll in the program.

Last Name First Name MI Date of Birth

Street Address City State Zip Social Security Number

Public Housing  Homeless: If yes, please specify:  Shelter  Doubling up  Transitional  Other

Home Phone Cell Phone Work Phone Email Address Emergency Contact Name & Phone Number

**Sex**  
 M  F  
**Language**  
 English  Spanish  Russian  French  Indian  Other  
**Ethnicity**  
 Hispanic/Latino  Non-Hispanic/Latino  
**Race**  
 Black  White  Asian  American Indian/Alaskan  Pacific Islander Native  Other Pacific Native  Native Hawaiian  Other  Unreported or refuse to report

Name Date of Birth

Email address

Primary Medical Insurance Insurance ID/Medicaid ID # Group #

Policy Holder's Name Policy Holder's Date of Birth Policy Holder's Social Security #

My Annual Income is: Total # of Dependents in Household (including patient):

I give permission to receive medical and behavioral health treatment/services by InterCommunity School Based Health Centers. I understand that this authorization is valid as long as I am enrolled in the East Hartford School District or until I revoke this authorization with the Program Coordinator at InterCommunity School Based Health Centers.

I hereby authorize InterCommunity to use and disclose my protected health information (including both physical and mental health information) for treatment, payment and healthcare operation purposes, including the release of such information to process claims to my insurance company. I authorize direct payment from my insurance company to InterCommunity.

In the event that trained school personnel, such as school nurses or health aides, are not available to give prescribed medications taken routinely at school, I authorize InterCommunity staff to administer such medications to me.

I consent to receiving phone calls regarding services I receive or may be eligible to receive and agree to receive a copy of InterCommunity's Notice of Privacy Practices via email at the email address listed above. The Notice of Privacy Practices can also be accessed at [www.intercommunityct.org/privacy-practices/](http://www.intercommunityct.org/privacy-practices/).

By signing this consent form, I certify that I have read, understand, and agree with each of the above paragraphs and certify that all of the information provided is true and complete.

Signature Date

I certify and attest that all of the above information is true and correct. I understand that InterCommunity may verify information on this form. I understand that the financial information will determine eligibility for the Center's sliding fee discount. I also understand that if I intentionally misrepresent my family's income, I will not be eligible to receive services at a discounted rate. I understand that if I am uninsured, my fee will be based on a sliding fee schedule. I also understand that I will be financially responsible for all charges incurred.

Signature Date

Any protected health information released by InterCommunity that includes information that is protected by special state or federal laws, such as substance abuse treatment and HIV-related information, will be released in accordance with those laws. Please refer to InterCommunity's Notice of Privacy Practices, accessible at [www.intercommunityct.org/privacy-practices/](http://www.intercommunityct.org/privacy-practices/), for more information. InterCommunity's Notice of Privacy Practices also explains InterCommunity's ability to make my protected health information available to other providers through the Care Everywhere feature. Please contact InterCommunity's Privacy Officer at 860-569-5900 or [compliance@intercommunityct.org](mailto:compliance@intercommunityct.org) to learn more about this convenient way to share information with my other providers.