# School-Based Health Center

Dickinson Middle School
1801 Milltown Road
Wilmington, Delaware 19808
Phone: (302)892-3270 Fax: (302)892-3274

***REGISTRATION FOR 11 YEAR OLDS ONLY***

Dear Parents/Guardians**:**

The Dickinson School-Based Health Center (SBHC) is a partnership between Christiana Care Health Services and Red Clay School District. This letter is an invitation to sign up your child for services in the SBHC. **At the age of 12 a new consent will be need to be signed.**

Health care in the SBHC is provided by a multi-disciplinary team. A Nurse Practitioner, a Licensed Clinical Social Worker/ Licensed Professional Counselor of Mental Health, and a Registered Dietitian provide care at your child's school.

**To sign up your child in the SBHC, you need to provide the following:**

- **Up-to-date insurance information** is needed if your child is insured. (Note: No co-pay, co-insurance or deductible will be charged to you and no one will be turned away based on ability to pay).
- **A completed Consent Form** (included in this packet).
- A completed **Student Registration Form** and **Health History Form** (included in this packet)

The completed enrollment/registration forms should be returned to the SBHC as soon as possible.

**SBHC services offered:**

- Counseling (individual, family, and group)
- Health education/risk reduction
- Crisis intervention and suicide prevention
- Nutrition/weight management
- Physicals (sports, school, or pre-employment)
- Health screenings
- Immunizations
- Diagnosis and treatment of minor illnesses/injuries

Please know that your child's pediatrician or family doctor will still be your child's main doctor. The SBHC does not take the place of your child's pediatrician or family doctor, and SBHC doctors and nurses will work with your child's main doctor to care for your child. The SBHC offers services that may add to the care provided by your main doctor. When appropriate, and with your permission, we will try to share medical information with your child's doctor to prevent any duplication of health care services, and to take good care of your child. If your child does not have a doctor, we can help you find one.

We hope that you will register your child in the SBHC.
Then, together with you and your child's main doctor, we can work towards keeping your child healthy and in school. Please encourage your child's pediatrician or family doctor to call the SBHC with questions. **If you have questions or need more information, please call the Dickinson School-Based Health Center at (302) 892-3270.**

ChristianaCare

# NOTICE OF PRIVACY PRACTICES

*Effective Date: September 23, 2013*

**This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.** Please review it carefully. If you have a question, contact the Privacy Officer at (302) 623-4468.

**Our promise**

We know that your medical information is very personal. We do our best to protect the privacy of your medical information. We will only use and disclose your information as allowed by applicable law.

**We are required by law to:**

- Do what this Notice says.
- Only disclose the minimum necessary information for the intended purpose.
- Make sure that your information is kept private.
- Tell you if there is a breach of your privacy.

**Who will follow this notice?**

- All Christiana Care organizations, facilities and medical practices.
- All people who work for Christiana Care
- Any business associate needing health information so they can provide services for us.
- Any doctor or other person caring for you
- All Christiana Care volunteers.

**How we may use and give out medical information about you**

Here is how we use and give out medical information. Although this list is not complete, all of the ways we are allowed to use and give out information without your permission will fall within one of the headings listed.

- **To take care of you.** We may use your health information to give you medical care. We may give out medical information about you to doctors, doctors in training, nurses, students or other people in the hospital who are part of your care here. We may also give out medical information to work with people outside the hospital who provide care for you.
- **To get paid.** We may use and give out health information about you so that the care you receive here will get paid by you, an insurance company, or other payor. For example, we may tell your health plan about care you received, so it can pay us for that care. We may also tell your health plan about care you are going to get to find out if they will pay for that care.
- **To run Christiana Care.** We may use and give out medical information about you to run Christiana Care. We may also use your information to see how we took care of you and how you did. We may also put together medical information about many patients to decide if there are other services Christiana Care should offer, what services are needed or not needed, and what new treatments are effective. People taking care of you, including doctors, nurses, and students, may receive information for learning purposes. Information may be combined with medical information from other hospitals to compare how we are doing and see if we can improve the care and services we offer.
- **Fundraising activities.** We may contact you to ask for a donation. We have the right to use certain information for this purpose (including your contact information, age, gender, dates of service, department of service, treating physician, outcome information and health insurance status). If you do not wish to be contacted for our fundraising efforts, you may opt out by calling 1-800-693-2273, sending an email to optout@christianacare.org or writing to the Christiana Care Office of Development, 13 Reads Way, Suite 203, New Castle, DE 19720. We will not condition your treatment on your agreeing to be contacted for fundraising purposes.
- **Hospital directory.** If you are a patient in our hospital, we may include limited information about you in the hospital directory so your friends, family and clergy can visit you and find out how you are doing. This information may include your name, location in the hospital, phone number, your general condition (good, fair, serious or critical), and your religion. All information except for your religion may be given to people who ask for you by name. Your religion may be given to a member of the clergy, even if they don't ask for you by name. We may also tell that a patient has died after next of kin has been told. If you do not want anyone to know about you, you must sign a form that will be provided to you when you are admitted.
- **Family and friends.** We may give medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any health care power of attorney or similar document given to us.
  We may also give information to someone who helps pay for your care. In addition, we may give out medical information about you to an agency helping in a disaster relief effort so that your family can be contacted about your condition, status, and location.
- **Research.** In most cases, we will ask for your written approval before using your medical information or sharing it with others in order to carry out research. However, we may use and give your health information without your approval in the following ways:
  - If we have submitted it to a research committee and they have taken steps to make sure your information will be protected.
  - To people within Christiana Care who are preparing a research project or enrolling patients in research projects.

**Special Situations**

We may give out information about you without your permission in the following situations:

- **As required by law.** When we are required to do so by federal, state, or local law.
- **To help avoid a serious threat to health or safety.** To help avoid a threat to the health and safety of you, the public or another person.
- **Organ and tissue donation.** To agencies that handle organ, eye, and tissue donations, or to an organ donation bank so these organizations may assist transplantation.
- **Military and veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may give information to the Department of Veterans Affairs to find out if you can get certain benefits.
- **Workers' compensation.** We may share information to assist programs that provide benefits for work-related injuries or illness.
- **Public Health authorities.** We may provide information for Public Health activities, such as reporting disease outbreaks; births and deaths; child or elder abuse; reactions to medications; recall notifications; or communicable diseases.
- **Health oversight activities.** We may provide information to agencies monitoring the health care system or government programs or making sure hospitals are following the law. These activities include audits, investigations, inspections, and licensing.
- **Lawsuits and disputes.** If you are involved in a lawsuit or a dispute, we may give out medical information about you if we get a valid court or administrative order, subpoena, discovery request, or other legal request from someone involved in the case.
- **Law enforcement.** If we are asked to do so by law enforcement officials or are required to do so by law:
  - In response to a valid court order, subpoena, warrant, summons, or other similar process.
  - To identify or find a suspect, fugitive, material witness, or missing person.
  - To report about the victim of a crime if, in certain cases, we are unable to get the person to agree.
  - To report about a death we think may be the result of criminal conduct.
  - To report criminal conduct in our facilities.
  - In emergency cases to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- **Deceased Individuals, Coroners, medical examiners, and funeral directors.** We may provide information to a coroner or medical examiner to

identify a person who has died or find out why the person died. We may also give out medical information to funeral directors. We will protect the confidentiality of your medical information for 50 years following your death.

- **National security and intelligence activities.** We may provide information to authorized federal officials for national security activities authorized by law. This includes the protection of the President or foreign heads of state.
- **Prisoners.** If you are a prisoner of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the prison or law enforcement officials when necessary for your health and safety or the health and safety of others.

**Delaware Health Information Network (DHIN)**

We take part in a health information exchange called DHIN to help us share your health information with other doctors and health care organizations that take care of you and to get information from those other persons involved in your care. This allows each of us to provide better care and to coordinate your care. Information on DHIN's privacy practices is available on its website: www.dhin.org/consumer.
To contact DHIN, call (302)678-0220.

**When we need your written permission to give out your medical information**

We will need your written permission to use or give out your medical information for any reasons that do not fall within the categories described above in this Notice. Specifically, we need your permission to use or release psychotherapy notes, to use information for marketing or to sell health information.

If you give us permission, you may take back that permission, in writing, at any time. If you take back your permission, we will no longer use or share medical information about you, except for those activities and purposes not requiring your permission – such as to take care of you, get paid, and run Christiana Care. You understand that we are unable to take back any information we have already shared with your permission and that we have to keep records of all the care that we have given you.

**Your rights regarding medical information about you**

- **Right to look at and get a copy.** Most of the time, you have the right to look at and get a copy of your health information that may be used to make decisions about your care. To look at or get a copy of your health information, please write to Health Information Management Services. If it is a billing record, please contact the billing department where your service was provided. If you ask for a copy, we may charge a fee for the costs of copying, mailing or other supplies. You may ask us to provide a copy of your records in a specific electronic form or format. We will provide the copy in the requested form or format if it can be easily made. If not, we will arrange with you to provide the copy in another readable electronic form and format.

  On rare occasions, we may not be able to let you see or get copies of your records. If this happens, we will tell you the reason and you will have the right to request review of that decision.
- **Right to amend.** You have the right to ask for an amendment of information that is incorrect or incomplete for as long as the information is kept by the hospital. To ask for an amendment, you must write to the Privacy Officer and provide a reason. We may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
  - Is not part of the medical information kept by or for Christiana Care.
  - Is not part of the information that you would be permitted to inspect and copy.
  - Is accurate and complete.

  You have a right to submit a written statement to the Privacy Officer disagreeing with a denial of your request for an amendment and to have it released with your records.
- **Right to a list of disclosures.** You have the right to request an "accounting of disclosures" or a list of who outside of the hospital has received information about you. This does not apply to information given to take care of you, for Christiana Care to get paid, or to run Christiana Care. To ask for this list, you must put your request in writing to the Privacy Officer. Your request must state a time period that may not be longer than six years. The first list you ask for within a 12-month period will be free. If you want more lists, we may charge you for the costs of providing the list. We will tell you the cost and get your approval before we mail the list.
- **Right to Notification of a Breach.** You have the right to receive notice if there is a breach of your unsecured protected health information (that is, an unauthorized acquisition, access, use or disclosure of protected health information that compromises the security or privacy of the information). This notice maybe given by mail or through the news media.
- **Right to ask for restrictions on the use or disclosure of your information.** You have the right to ask us to limit the medical information we use or give out about you. We may not be able to agree to your request. If we do agree, we will do as you ask unless the information is needed to provide you emergency treatment.
  You may request that information about an item or service for which you have paid in full out of pocket not be disclosed for payment or health care operations. That information may still be used for treatment purposes or as required by law. To ask for a restriction, you must send your request to the Privacy Officer, in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, how we share your information, or both; and (3) to whom you want the limits to apply, for example, information to your spouse.
- **Right to confidential communications.** You have the right to ask us to contact you using a different address or phone number so you can keep your health information private. When you provide your address when registering for services, you need to tell us you would like a second address or phone number to be used.
- **Right to a paper copy of this Notice.** To get a copy of this notice, ask for a copy from Patient Registration or the Privacy Officer.

**Changes to this Notice**

We have the right to change this Notice. All changes to the Notice will apply to information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the hospital and on our Web site: www.christianacare.org.
If we make material changes to this Notice, we will provide you with the updated Notice at your next visit.

**Complaints**

If you think your privacy rights have been violated, you may file a complaint with us by writing to the Christiana Care Privacy Officer. Please provide enough detail to allow us to look into the matter.
You may also file a complaint with the Office of Civil Rights at:
Regional Manager of the Office of Civil Rights, Region III, 150 S. Independence Mall W. Suite 372, Public Ledger Building Philadelphia, PA 19106-9111 (215) 861-4441, Hotline Number: 1-800-368-1019 ***PLEASE NOTE: You will not be treated any differently for filing a complaint.***

**How to contact us**

If you have any questions about this notice or if you need to make a request to the Privacy Officer, please contact us at:

**Christiana Care, c/o Privacy Officer, PO Box 6001, Newark, DE 19718-6001 (302) 623-4468**