



AHC Alpena High Health Center

Alpena High School, 3303 S. 3rd Avenue, Suite D-128, Alpena, MI 49707

Consent for Care

(Child's name)

(Child's date of birth)

(Sex, optional)

(Preferred Pronoun, optional)

Student's Telephone

Race/Ethnicity (optional)

- Black/African American White Hispanic/Latin American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander

The AHC Alpena High Health Center is a school-based health center located at Alpena High School. The center serves children **5-21 years of age** who reside in the Alpena Public Schools district primarily. The AHC Alpena High Health Center is managed and staffed by Alcona Health Center.

The center provides comprehensive health care including, but not limited to:

- *Well/annual visits, immunizations, acute care, care for chronic conditions, administration of medications prescribed by a primary care provider, over-the-counter medication dispensing, and first aid services. Behavioral Health Services are also offered at the Alpena High Health Center but require a separate consent form. **If interested in Behavioral Health Services, please ask the Alpena High Health Center staff for the necessary forms.***
- *Confidential Services: I understand that confidential services are those that may be obtained by minors without parental consent as defined by State and/or Federal law. These include mental health counseling, pregnancy testing and services, sexually transmitted infections/HIV testing and treatment, substance use disorder testing and treatment, family planning (excluding contraceptive prescription/distribution on school property). Alpena High Health Center will make referrals for prenatal care and substance use services as these are not provided on-site. **Please note:** Students can access these services confidentially at **ANY** clinic, not just a school-based health center program.*

I understand that the AHC Alpena High Health Center may be obtaining height and weight information annually on my child. Alpena High Health Center Staff use this information to promote healthy weight and lifestyle habits for your child. I understand that a confidential risk assessment survey will be given to all students and/or parents/guardians. I have been given a copy of my child's rights and responsibilities.

Check one box:

- I understand that the AHC Alpena High Health Center will attempt to contact me when services are provided and will notify me in writing when services are provided if the center has been unable to reach me by phone.
- I am to be contacted each time, prior to services being provided.

I give my consent for treatment and authorize Alpena High Health Center staff to provide services to my child.

I authorize the AHC Alpena High Health Center to bill my insurance for services provided to my child and to release information regarding treatment of my child to third party payers (insurance companies, other health plans) for purposes of payment for services. I authorize the AHC Alpena High Health Center to exchange health information with my child's primary care provider for continuity of care. I further authorize Alpena Public Schools to provide a copy of my child's emergency card to the AHC Alpena High Health Center annually.

-Over-



Please Note:

- Services provided in the Alpena High Health Center are billed the same way they would be if these services were provided at AHC. Unless you indicate otherwise on the consent form, you will be contacted **PRIOR** to a billable service being delivered to your child. AHC Alpena High Health Center offers a sliding fee program. **Nobody will be turned away for inability to pay.**
- Alpena High Health Center shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices. No abortion counseling, services, or referrals are provided.

Check one box:

- I understand that this consent form will **remain valid until my child reaches age 18** unless I withdraw it by submitting a **Withdrawal of Consent Form**. I understand the services offered at the AHC Alpena High Health Center.
- I understand that this consent form will **remain valid for 1 year** unless I withdraw it by submitting a **Withdrawal of Consent Form**. I understand the services offered at the AHC Alpena High Health Center.

Child’s Insurance Information:

Insurance company: _____ ID Number: _____
 Name of Insured: _____ DOB of insured: _____
 Child’s relationship to insured: _____

Emergency Contact Information:

Home Address: _____
 Home Phone Number: _____ Parent Cell Number: _____
 Mother (guardian) Name: _____ Employer Phone Number: _____
 Father (guardian) Name: _____ Employer Phone Number: _____
 Primary Care Provider or Office _____
 Primary Care Provider Telephone Number: _____

Parental consent is NOT needed for crisis intervention and emergency care.

 (Printed name of parent or guardian) (Signature) (Date)

_____ **My initials indicate that I have been offered a copy of AHC’s Notice of Privacy Practices.** The notice is available at www.alconahealthcenters.org. We will be happy to provide you with a paper copy upon your request.