



Clinic Registration & Consent

All Students Welcome!

Edison: Room 107	612-668-1321
Henry: Room 212	612-668-1944
Longfellow: Room 126	612-668-4720
Roosevelt: Room 143	612-668-4834
South: Room 122	612-668-4333
Southwest: Room E021	612-668-3040
Washburn: Room 002	612-668-3453



www.minneapolismn.gov/sbc
 www.facebook.com/mplsbc
 @MplsSchlClinics



Minneapolis Health Department
 250 South 4th Street, Room 510
 Minneapolis, MN 55415
 612-673-2301

If you need this material in an alternative format please call the Minneapolis Health Department at 612-673-2301 or email health@minneapolismn.gov. Deaf and hard-of-hearing persons may use a relay service to call 311 agents at 612-673-3000. TTY users may call 612-673-2157 or 612-673-2626.

Attention: If you have any questions regarding this material please call the Minneapolis Health Department at 612-673-2301.
 Hmong - Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu 612-673-2800;
 Spanish - Atención. Si desea recibir asistencia gratuita para traducir esta información, llama 612-673-2700;
 Somali - Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la' aan wac 612-673-3500

Stay in class longer! Pre-register and decrease the number of forms filled out at the clinic.

If you have already registered with the clinic, you do not need to register again.

Student Info

Student ID: _____

Last Name: _____

First Name: _____

Preferred Name: _____ SSN: _____

Birth Date: _____

Gender: Male Female Preferred Pronoun: _____

Street Address: _____

City: _____ Zip: _____

Language spoken at home: _____

Race: *please choose one*
 American Indian Asian Black White/Hispanic/Latino

Ethnicity: *please choose one*
 Hispanic/Latino Hmong Multi-racial Non-Hispanic/Latino
 Somali Other African Other: _____

If you go to another clinic, please list it: _____

Phone: _____ Cell Home Other

Email: _____

Were you born in the USA? Yes No

School: Broadway/Longfellow Edison Henry
 Roosevelt South Southwest Washburn

How did you hear about the School Based Clinics?
 Classroom Presentation Coach Facebook Friend
 Parent School Nurse SBC Website Teacher/School Staff
 Twitter Other: _____

Insurance

Services are provided at low or no cost to families whether or not a student has insurance. Insurance is billed whenever possible to help cover the costs of care. We may send a bill for mental health service co-pays if student has private insurance.

Please choose one

I don't know my insurance info

I don't think I have insurance

Medical Assistance/Public Health Insurance

Assured Care BlueCross/BlueShield Health Partners
 Medica State of Minnesota UCare

Group Number: _____ Policy Number: _____

Private Health Insurance

BlueCross/BlueShield Health Partners Medica Portico
 Preferred One UCare Other: _____

Group/Policy Number: _____

Policy Holder Name: _____

Signature required on back ➔



Clinic Consent of Services

Clinic consent needs to be given once during a student's high school career. If you have already given consent, you do not need to complete this portion of the form again.

What if consent is not submitted to the clinic?

Students under the age of 18 cannot be treated for health related services without parental/guardian consent. This form must be completed and returned in order for the clinic to provide services to a student.

Minnesota law, however, allows a minor to seek medical treatment under certain circumstances without parental consent. This includes emergency mental health care, pregnancy testing and counseling, contraceptive exams and prescriptions, and sexually transmitted disease diagnosis, treatment and education.

Consent

By signing this form you agree that:

- This student has your permission to receive services offered by Minneapolis School Based Clinics.
- Minneapolis Public Schools may give information about the student's class schedule, daily attendance and immunizations to the Minneapolis School Based Clinic Program.
- The Minneapolis School Based Clinic Program may use student health records to evaluate quality of care and program effectiveness.
- You have read and understood the services of the Minneapolis School Based Clinic Program.
- You give permission to bill your health insurance carrier or medical assistance for medical and mental health services received. This would also apply if you do not currently have insurance and get it later.
- This permission will remain in effect until the student reaches 18 or until changed by you in writing.

Student Name *please print*

Student Signature *if over 18 years of age*

Date

Parent/Guardian name *please print*

Phone Number

Parent/Guardian Signature

Date

Please submit this completed form to the school based clinic or main office in your school.

For more information, please visit www.minneapolismn.gov/sbc or contact the program manager at 612-673-5305 or your school based clinic.



Data Privacy Acknowledgement

Why are we giving you this consent to sign?

To let you know how private health information about you may be used, shared and how you can get access to this information. As we care for your health, we learn about you. Some of what we learn becomes part of your medical record and billing records. To protect your privacy the School Based Clinic follows state and federal laws. The Notice of Privacy Practices provides detail about these rules.

Who has access to the information you supply?

1. Upon request, YOU may generally review any information the Clinic collects concerning your care.
2. Upon request, YOUR PARENTS may generally review information the School-Based Clinic collects concerning your care, except for the following:
 - a) If your clinic visit was related to pregnancy and conditions associated with pregnancy, sexually transmitted diseases, family planning, alcohol and/or drug abuse
 - b) You have the right to request that parental access to all of your clinic health information be denied. If you do not want your parents to have access to any of your clinic health information, you must make that request in writing explaining the reasons you do not want your parents to have access to your health information and sign the request. The Clinic will honor your request to deny parental access if your health care provider determines that it would be in your best interests to do so. You can request a "Deny Parental Access Form" from Clinic staff to make your request.
3. School-Based Clinic staff and contractors whose work assignment requires it.
4. Other health care professionals when necessary for providing care for you.
5. If you receive SBC Mental Health Services your service data will be entered to a database shared with outside evaluators for purpose of program monitoring and evaluation.
6. Child Protection and/or law enforcement agencies on matters relating to suspected child abuse/neglect.
7. State, Federal, and local agencies or health departments may be provided summary information for statistical purposes with all identifying information removed.
8. We may release your information to protect the health or safety of you or others.
9. Our attorney and our attorney's staff if necessary.
10. Others as described in our Notice of Privacy Practice, including when we are required by law, including officials with a valid subpoena, warrant, or court order.

Information will not be given to any other agency or individual without your (or, when appropriate, your parent's) written consent unless authorized by state or federal law.

The School-Based Clinic Medical Records are kept separate from any school records. When you leave high school, your records will be securely stored as required by law.

What are your rights when supplying information?

You have the right to refuse to supply the information we request. However, refusal to supply medical history and other information limits our ability to provide quality health care and may result in ineffective treatment or no treatment at all.

Acknowledgement of Receipt of the Notice of Privacy Practices

Our Notice of Privacy Practices provides information of how our clinic may use or share private health information about you for treatment, payment and clinic operations. A paper copy is available at each School Based Clinic or can be found on our web site: <http://www.minneapolismn.gov/sbc>.

I acknowledge that I have received a copy of the School Based Clinic Notice of Privacy Practices.

Student Name *please print*

Student Signature

Date