

Dear Parent,

Please read the HIPAA policy, and then fill out both pages of the Student Health Registration Form and return to school as soon as possible. We cannot administer any over the counter medication until the form is signed and returned.

Thank you,

Powder Valley School

HIPAA

The Health Insurance Portability and Accountability Act of 1996

HIPAA is a broad law that focuses on patient privacy and confidentiality. With the enactment of HIPAA, a patient's right to have his or her health information kept private and secure became more than just an ethical obligation of the healthcare industry, it became law. Under HIPAA it is illegal to release health information to inappropriate parties or to fail to adequately protect health information from release without consent.

HIPAA affects the entire healthcare industry, including schools who may participate in Medicaid third party billing. Because North Powder School District currently participates in Medicaid third party billing, we are obligated to receive consent to communicate with Oregon Office of Medical Assistance Programs (OMAP) to determine eligibility for Medicaid reimbursement for students receiving Medicaid-covered services in the educational setting.

North Powder Charter School

Student Health Registration Form

Registration Date _____

Student Name _____

Parent/Guardian _____

Parent Employer _____

Birth Date _____ Age _____ Grade Level _____ Gender _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Work Phone _____

Ethnicity: (Circle) Asian or Pacific Islander; Hispanic: Native American; Non-Hispanic Black; Non-Hispanic White; Caucasian; Other

Who is the child's regular health care provider? _____

Who is the child's regular dentist? _____

Does your child have insurance? _____ What type? _____

Student Health Information:

Allergies: _____

Chronic Medical Illness: _____

Current Medication: (include over-the-counter, herbal) _____

Other important health history: (surgeries, significant family health history, social issues, etc.) _____

Privacy Practices Acknowledgement:

I acknowledge that North Powder School District privacy practices. I acknowledge that I have received:

- 1) A copy of the North Powder School District Privacy Practices.

Full Legal Name of Student

Parent/Legal Guardian Signature

Date