



Mora Valley Community Health Services, Inc.

School Based Health Center

2021-2022

Parents/Guardian(s):

On behalf of MVCHS' School Based Health Center (SBHC), I am happy to welcome you to the 2021-2022 school year! The SBHC is looking forward to a productive partnership with you to ensure your child receives quality care and access to meet your child's primary care needs. Healthy kids make better learners. That is why our goal is to help kids stay well and succeed in life.

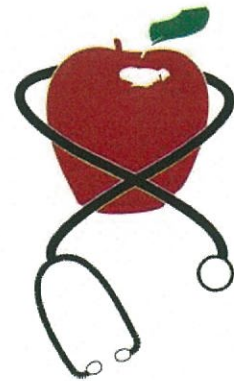
It is important for you to complete and sign the enclosed consent form in order for your child to obtain primary care services at the SBHC. If you do not complete and sign the parental Consent Form, your child can only be treated in an emergency situation or given first aid. Remember if you have not completed a Registration Form prior to completing the Consent Form please do so. Once a Registration Form is filled, you are not required to fill out another one unless to update your personal information.

Students may make their own appointments or parents/guardians may make the appointment for their children. Parents are always welcome to accompany their children.

Again, I encourage you to complete and sign the enclosed Consent Form and bring it to the SBHC. The SBHC is located on the South-West side of the Administration Building. If you have any questions please feel free to contact me at 575-387-3117. If we can help, just ask!


Our very best for a bright and happy school year,

Jacob Romero,
School Based Health Center Coordinator



Mora Valley Community Health Services, Inc. ANNUAL PATIENT REGISTRATION FOR SBHC SERVICES

School Based Health Center SY 2021-2022

School Based Health Center SY 2021-2022					
STUDENT INFORMATION		Patient Name (last, first, middle)	Date of Birth	Social Security Number Student ID Number	
	Patient Address (street, city, state, and zip)		Patient Phone - home		
			Patient Phone - Cell		
	Parent(s)/Legal Guardian(s) Name(s)		Patient Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
			Patient Race <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
	Parent(s)/Legal Guardian(s) Address (street, city, state and zip)		Home Phone		
		Work Phone			
		Cell Phone			
Emergency Contact Person Name and Relationship to Patient		Emergency Phone - Home			
		Emergency Phone - Cell			
		Emergency Phone Work			
PRIMARY CARE INFORMATION	Primary Care Provider		Primary Care Provider Phone Number		
	Primary Care Provider Address				
	Comprehensive Well Exam (physical, EPSDT, well child visit, annual check-up) in last 12 months? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Not sure		**Annual comprehensive well exams are recommended by the American Academy of Pediatrics to ensure health concerns are identified and treated long before they become chronic. If you have a primary care provider, but have not had a well exam in the last 12 months please schedule one with your primary care provider.**		
	If you do not have a primary care provider, the SBHC is able to provide a well exam for you (your child). Would you like your child to have a well exam in the SBHC this school year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
HEALTH HISTORY	List any allergies	List any health chronic health conditions	List hospitalizations or surgeries: When/Where	List current medications/ dosages	
	List any family health conditions which may be inherited (i.e. high blood pressure, heart disease, diabetes):				
INSURANCE INFORMATION	Name of Health Insurance (if no insurance coverage, please enter N/A)		Medicaid Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Blue Cross/Blue Shield <input type="checkbox"/> Centennial Care (CC) <input type="checkbox"/> United CC <input type="checkbox"/> Molina CC <input type="checkbox"/> Presbyterian CC <input type="checkbox"/> Fee-For-Service		
	Policy Number		Medicaid Number		
	Name of Policy Holder		Relationship to Patient		



Mora Valley Community Health Services, Inc.

SCHOOL-BASED HEALTH CENTER

Consent for Services

I give permission for my child, _____ to receive SBHC services while he/she is enrolled at the Mora Independent School District and for SBHC staff to access my child's class schedule (for appointment purposes only). I understand that SBHC services are confidential, except in a life-threatening situation or when emergency services are needed and in accordance with the law. I give permission to the SBHC to exchange pertinent information to appropriate persons, including school nurses and counselors, for the purpose of providing healthcare, diagnosis, treatment and counseling services, as well as for maintaining quality and safety. I understand that SBHC health records are confidential and will not be shared unless written consent is provided by the student and/or parent/guardian. I have received a copy of the HIPAA Notice of Privacy Practices. I understand that New Mexico law does not require parental consent for treatment or advice about sexually transmitted diseases, pregnancy or contraception to minors under 18 years of age and behavioral health counseling services to minors age 14 years or older. **Unless I choose to withdraw my consent in writing, this authorization will continue for the entire period of time my child is enrolled in this school.**

Signature of Parent or Guardian:

Date:

Signature of Student, if 18 years or older:

Date:

Mora Valley Community Health Services, Inc.

About Our Notice of Privacy Practices

We are committed to protecting your personal health information in compliance with the law. The attached Notice of Privacy Practices states:

- Our obligations under the law with respect to your personal health information.
- How we may use and disclose the health information that we keep about you.
- Your rights relating to your personal health information.
- Our rights to change our Notice of Privacy Practices.
- How to file a complaint if you believe your privacy rights have been violated.
- The conditions that apply to uses and disclosures not described in this Notice.
- The person to contact for further information about our privacy practices.

We are required by law to give you a copy of this notice and to obtain our written acknowledgement that you have received a copy of this notice

Patient Acknowledgement of Receipt

I _____, hereby acknowledge that I have received a copy of the Notice of Privacy Practices.

Patient's Signature

Date

Signature of Parent or Patient's Representative (if applicable)

Date

Description of Legal Authority to Act on Behalf of Patient

Who We Serve

As a Federally Qualified Health Center, MVCHS' School Based Health Center provides primary medical, dental, and behavioral health services, regardless of a patient's ability to pay.

The School Based Health Center is located at the Mora Independent School District campus and provides services for students of all ages. Additional health services are available at MVCHS' Main Site.



THE COMPASSIONATE CALL CENTER

AFTER HOURS COVERAGE

Medical/Dental
855-745-3400

Mental/Behavioral Health
505-425-1048
or
800-273-8255

This health center receives HHS funding and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.



Staff

Amy Weiss, DNP, FNP-BC
Nurse Practitioner

Julianne Mendoza, MA
Medical Assistant

Jacob Romero,
School Based Health Center Coordinator

Mauricio Lopez-Marquez, LCSW
Behavioral Health Program Manager

Jessica Lucero, LMSW
Licensed Master Social Worker

Vanessa Rodriguez, LMSW
Licensed Maser Social Worker

Tanya McClintock,
Behavioral Health Administrative Assistant



Mora Valley Community
Health Services, Inc.

School Based Health Center

10 Ranger Dr.
Mora, New Mexico 87732

Phone: 575-387-3117
www.mvchs.org

Mora Valley Community
Health Services, Inc.

School Based
Health Center

SBHC



*Les Deseamos Una Vida
Buena y Sana*

Medical

MVCHS' School Based Health Center provides comprehensive health services to students at school so they can avoid health related absences and receive support to succeed in their studies. Services include but are not limited to:

- Care for Illnesses
- Sports Physicals
- Head Start Physicals
- Well Child Checks



Dental

MVCHS main site has a dental clinic, which provides an array of dental care services to children, provided by a licensed dentist and dental staff. Services include preventative and restorative dental intervention, and dental hygiene, provided in a state-of-the-art dental suite. Our dental professionals are experienced, personable, and knowledgeable. They make you feel at ease and have a gentle touch. Dental services include but are not limited to:

- Fluoride
- Sealants
- Exams
- Cleanings
- Fillings



Behavioral Health

Integrated Behavioral Health Care is a term used to describe the team of behavioral health specialists and primary care providers who work together with patients and families, using a systemic approach to provide patient-centered care. MVCHS' School Based Health Center Behavioral Health services include but not limited to:

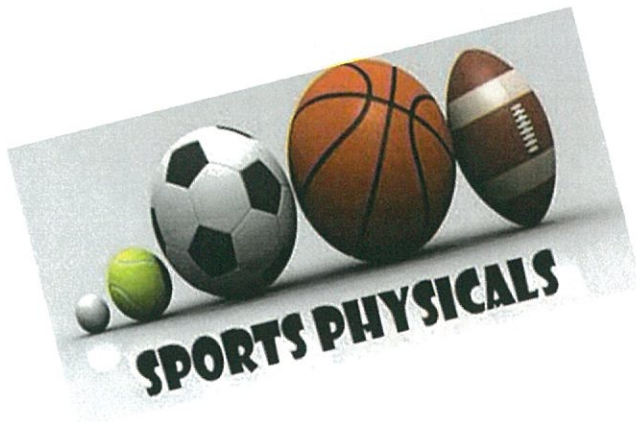
- Grief Therapy
- Addiction Counseling
- Anger Management
- Family Therapy
- Depression
- Anxiety/Panic Disorders
- Post-Traumatic Stress Disorder
- Obsessive Compulsive Disorder
- Attention Deficit Disorder





Mora Valley Community Health Services, Inc.

School Based Health Center



BEHAVIORAL
HEALTH

Children's Dental
Health Services

Available at the School Based Health Center.

The SBHC is located on the south-west side
of the Administration Building.

Please contact Jacob Romero, SBHC Coordinator
to schedule your appointment at 575-387-3117.

Mora Valley Community Health Services, Inc.
Notice of Privacy Practices

Effective Date: March 18, 2019

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

For More Information, Please Contact Us:

Joseph Lopez, M.B.A.,
Privacy Officer
Mora Valley Community Health Services, Inc.
P.O. Box 209
Mora, New Mexico 87732
(505) 387-2201

Who We Are:

This Notice describes the privacy practices of Mora Valley Community Health Services, Inc. (MVCHS) and the privacy practices of:

- all of our doctors, nurses, and other health care professionals authorized to enter information about you into your medical chart.
- all of our departments, including, e.g., our medical records and billing departments.
- all of our health center programs including and Caridad de San Antonio.
- all of our employees, staff, volunteers and other personnel who work for us or on our behalf.

Our Pledge:

We understand that health information about you and the health care you receive is personal. We are committed to protecting your personal health information. When you receive treatment and other health care services from us, we create a record of the services that you received. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of our records about your care, whether made by our health care professionals or others working at MVCHS. and tells you about the ways in which we may use and disclose your personal health information. This notice also describes your rights with respect to the health information that we keep about you and the obligations that we have when we use and disclose your health information.

We are required by law to:

- make sure that health information that identifies you is kept private in accordance with relevant law.

- give you this notice of our legal duties and privacy practices with respect to your personal health information.
- follow the terms of the notice that is currently in effect for all of your personal health information.

How We May Use and Disclose Your Health Information:

We may use and disclose your personal health information for these purposes:

For Treatment. We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to the doctors, nurses, technicians, medical students and others who are involved in your care. They may work at MVCHS, at the hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy or other health care provider to whom we may refer you for treatment, consultation, x-rays, lab tests, prescriptions or other health care service. They may also include doctors and other health care professionals who work at MVCHS, or elsewhere, whom we consult about your care. For example, we may consult with a specialist who lends his/her services to MVCHS about your care or disclose to an emergency room doctor who is treating you for a broken leg that you have diabetes, because diabetes may affect your body's healing process.

For Payment. We may use and disclose health information about you to bill and collect payment from you, your insurance company, including Medicaid and Medicare, or other third party that may be available to reimburse us for some or all of your health care. We may also disclose health information about you to other health care providers or to your health plan so that they can arrange for payment relating to your care. For example, if you have health insurance, we may need to share information about your visit with your health plan in order for your health plan to pay us or reimburse you for the visit. We may also tell your health plan about treatment that you need to obtain your health plan's prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose health information about you for our day-to-day operations, and may disclose information about you to other health care providers involved in your care or to your health plan for use in their day-to-day operations. These uses and disclosures are necessary to run MVCHS and to make sure that all of our patients receive quality care, and to assist other providers and health plans in doing so as well. For example, we may use health information to review the services that we provide and to evaluate the performance of our staff in caring for you. We may also combine health information about our patients with health information from other health care providers to decide what additional services MVCHS should offer, what services are not needed, whether new treatments are effective or to compare how we are doing with others and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our patients are.

Other Permitted and Required Uses and Disclosures That May Be Made with Your Authorization or Opportunity to Object

Appointment Reminders. We may use and disclose health information about you to contact you

as a reminder of your scheduled appointment.

Health-Related Services and Treatment Alternatives. We may use and disclose health information to tell you about health-related services or recommend treatment options or alternatives that may be of interest to you. Please let us know if you do not wish us to contact you with this information, or if you wish to have us use a different address when sending this information to you.

Fundraising Activities. We may use health information about you to contact you in an effort to raise money for our not-for-profit operations. We may disclose health information about you to a foundation related to MVCHS so that the foundation may contact you in raising money for MVCHS. We will only release contact information, such as your name, address and phone number and the dates you received treatment or services from us. Please let us know if you do not want us to contact you for fundraising efforts.

Individuals Involved in Your Care or Payment for Your Care. We may release health information about you to a friend or family member who is involved in your health care or the person who helps pay for your care.

Research. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with a patient's need for privacy. Before we use or disclose health information for research, the project will have been approved through this special approval process, although we may disclose health information about you to people preparing to conduct a research project. For example, we may help potential researchers look for patients with specific health needs, so long as the health information they review does not leave our facility. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are or will be involved in your care.

Organ and Tissue Donation. If you are an organ donor, we may disclose health information about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

As Required by Law. We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Military and Veterans. If you are a member of the armed forces or separated/ discharged from

military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

Workers' Compensation. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities. We may disclose health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability.
- to report births and deaths.
- to report child abuse or neglect.
- to report reactions to medications or problems with products.
- to notify people of recalls of products.
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes. We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process that is not accompanied by a court or administrative order, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release health information about you if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process.
- to identify or locate a suspect, fugitive, material witness or missing person.
- under certain limited circumstances, about the victim of a crime.
- about a death we believe may be the result of criminal conduct.
- about criminal conduct at MVCHS.
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Health Examiners and Funeral Directors. We may release health information about our patients to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as may be necessary for them to carry out their duties.

National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the corrections institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

Your Rights:

You have certain rights with respect to your personal health information. This section of our notice describes your rights and how to exercise them:

Right to Inspect and Copy: You have the right to inspect and copy the personal health information in your medical and billing records, or in any other group of records that we maintain and use to make health care decisions about you. This right does not include the right to inspect and copy psychotherapy notes, although we may, at your request and on payment of the applicable fee, provide you with a summary of these notes.

To inspect and copy your personal health information, you must submit your request in writing to our privacy contact person identified on the first page of this notice. If you request a copy of the information, we may charge a fee for the copying and mailing costs, and for any other costs associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If your request is denied, you may request that the denial be reviewed. We will designate a licensed health care professional to review our decision to deny your request. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of this review. Certain denials, such as those relating to psychotherapy notes, however, will not be reviewed.

Right to Amend: If you feel that the health information we maintain about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for any information that we maintain about you. To request an amendment, your request must be made in writing, submitted to our privacy contact person identified on the first page of this notice, and must be contained on one piece of paper legibly handwritten or typed. In addition, you must provide a reason that supports your request for an amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or organization that created the information is no longer available to make the amendment,
- is not part of the health information kept by or for MVCHS,
- is not part of the information which you would be permitted to inspect and copy, or
- is accurate and complete.

Any amendment we make to your health information will be disclosed to the health care professionals involved in your care and to others to carry out payment and health care operations, as previously described in this notice.

Right to Receive an Accounting of Disclosures: You have the right to receive an accounting of certain disclosures of your health information that we have made. Any accounting will not include all disclosures that we make. For example, an accounting will not include disclosures:

- to carry out treatment, payment and health care operations as previously described in this notice.
- pursuant to your written authorization.
- to a family member, other relative, or personal friend involved in your care or payment for your care when you have given us permission to do so.
- to law enforcement officials.

To request an accounting of disclosures, you must submit your request in writing to our privacy contact person identified on the first page of this notice. Your request must state a time period which may not be more than six (6) years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper from within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; this date will not exceed 60 days from the date you made the request.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you may request that we not disclose information about you to a certain doctor or other health care professional, or that we not disclose information to your spouse about certain care that you received.

We are not required to agree to your request for restrictions if it is not feasible for us to comply with your request or if we believe that it will negatively impact our ability to care for you. If we do agree, however, we will comply with your request unless the information is needed to provide emergency treatment. To request a restriction, you must make your request in writing to our privacy contact person identified on the first page of this notice. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to Receive Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way. For example, you can ask that we only contact you at work or by mail to a specified address.

To request that we communicate with you in a certain way, you must make your request in writing to our privacy contact person identified on the first page of this notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of this Notice. You have the right to receive a paper copy of this notice at any time. To receive a copy, please request it from our privacy contact person identified on the first page of this notice.

Changes to this Notice:

We reserve the right to change this notice and to make the changed notice effective for all of the health information that we maintain about you, whether it is information that we previously received about you or information we may receive about you in the future. We will post a copy of our current notice in our facility. Our notice will indicate the effective date on the first page, in the top right-hand corner. We will also give you a copy of our current notice upon request.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. You may file a complaint by mailing, faxing or e-mailing us a written description of your complaint or by telling us about your complaint in person or over the telephone:

**Joseph Lopez, M.B.A.,
Privacy Officer
Mora Valley Community Health Services, Inc.
P.O. Box 209 - Mora, NM 87732
Phone: (505) 387-3311 - Fax: (505) 387-9011
joseph.lopez@mvchs.org**

Please describe what happened and give us the dates and names of anyone involved. Please also let us know how to contact you so that we can respond to your complaint. You will not be penalized for filing a complaint.

Other Uses and Disclosures of Your Protected Health Information:

Other uses and disclosures of personal health information not covered by this notice or applicable law will be made only with your written authorization. If you give us your written authorization to use or disclose your personal health information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your personal health information for the reasons covered by your written authorization. You understand that we are unable to take back any uses and disclosures that we have already made with your authorization, and that we are required to retain our records of the care that we have provided to you.