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www.kp.org/wa

Did you know that Nathan Hale High School has a teen health center, convenient for your student's medical care? It provides students with health care and mental health counseling, regardless of a student's insurance or ability to pay. For students who need care or advice, we are always here to help with virtual options and in-person care.

Many necessary changes are being implemented across all of Kaiser Permanente. Some of these changes are temporary, with health and safety as our top priority.

Virtual and In-Person Care

- Patients with essential care needs can still receive in-person care **by appointment only**.
- To serve the best interest of our members, patients, and community, we are evolving the way we deliver care. We are leading within Washington as one of the first health care organizations to deliver the majority of care virtually.
- We will continue to provide excellent care for students through our broad array of virtual care options and in-person care when needed. Allowing students to stay home and still get great care will help address the community spread of COVID-19.
- Virtual care* gives you convenient and safe ways to get high-quality care from Kaiser Permanente without leaving home. Options include:
    - Phone appointments
    - Video visits

We can coordinate your care with community health care providers when available and appropriate.

The Nathan Hale Teen Health Center is sponsored and staffed by Kaiser Permanente in partnership with Public Health—Seattle & King County. Seattle's school-based health centers are funded in part by the voters of Seattle through the Families & Education Levy.

Students can get great care at the Teen Health Center. To get started, please sign the enclosed registration form and return it to school. Students must be registered, including a parent or guardian signature, to be seen for medical concerns. Your child can drop it off at the front office or the Teen Health Center.

For more information during the school year, contact the center at **206-302-1840.**

Teen Health Center at Nathan Hale

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We are providing telephone visits, video visits and in-person care for students. By appointment only.

What kinds of services are offered?

Primary Care

- Sports physicals
- Vaccines
- Check ups: physical exams
- Acne and eczema
- Allergies and asthma
- Women's health care

Mental Health

- Feeling blue
- Stress and depression
- Relationships problems
- Self-esteem
- Family conflict
- Peer pressure
- Healthy habits

Health Education

- Growth and development
- Nutrition
- Healthy relationships
- Sexual health and education
- Tobacco and drug abuse prevention

Referrals to community resources—including health insurance, drug and alcohol treatment, mental health care and chronic illness care are also available.

Our Staff

Kathleen Lange - Nurse Practitioner
Allison Dennin - Mental Health Counselor
Linda Quimby – Program Coordinator

Phone: 206-302-1840

***Services are free to students**

Who can be seen at the Teen Health Center?

At the Interagency Teen Health Center, students may be seen by appointment with consent from their parent or guardian, during school hours or after school. Teens of any age may be seen for confidential reproductive health care services (birth control, exams). Mental health services are available without parent or guardian consent for teens age 13 and over [Reproductive Privacy Act, RCW (9.02)].

The Nathan Hale Teen Health Center is sponsored by Kaiser Permanente in partnership with Public Health—Seattle and King County. School-based health centers are provided in part by the voters of Seattle through the Families and Education Levy.

School-Based Health Centers
Consent for Health Services

School-Based Health Centers located in Seattle Public Schools must have a signed consent from a parent or legal guardian before providing services to youth, except in situations where federal and/or state laws allow youth to access such treatment without parent/guardian consent. Youth may independently access reproductive health care at any age; they may independently receive drug and alcohol services and mental health counseling from age thirteen. If necessary, the Centers will inform youth of options for outside care and will assist the youth in discussing these issues with parents/guardians. If the youth is enrolled in school but is not enrolled in a School-Based Health Center, he/she can continue to receive school nurse services.

I hereby request and authorize that:

Print Youth's Name: _____ _____
First Name Middle Initial Last Name Birthdate

receive any and all health care services available from and deemed necessary by the staff of the SBHC. These services may include, but are not limited to, such procedures as well-teen care, evaluation and treatment of acute illness and injuries, immunizations, blood studies, photographs and X-rays. Consent is also given for referral of care and if needed, emergency transportation, to other physicians, health care professionals, hospitals, clinics, or health care agencies as deemed necessary by the Center and its staff. This authorization does not allow services to be rendered without the youth's consent, unless she/he is unable to consent.

When consent is provided for care, all information is kept confidential except in the following circumstances:

1. The client gives permission through a signed release of information.
2. If he/she indicates risk of imminent harm to self or others.
3. He/she has a life threatening health problem and is under 18 years old.
4. There is reason to suspect abuse or neglect.
5. Certain communicable diseases must be reported to public health authorities.
6. Certain non-protected information such as yearly physicals and immunizations and general information regarding the healthcare you receive at the School-Based Clinic may be included in your medical record and/or shared with your primary care provider. No confidential information will be shared without the students consent.

I understand the youth's consent is legally required for release of information about the following kinds of diagnoses and treatment: pregnancy, sexually transmitted diseases (including HIV/AIDS testing), and alcohol and drug or mental health counseling.

The School-Based Health Center encourages each youth to involve his/her parents or guardians in health care decisions whenever possible.

Consent for services is authorized for the length of time the youth is enrolled in a school with a SBHC. I may choose to withdraw the consent at any time by writing to the Center that serves the youth.

Youth Signature: _____Date: _____

Parent/Guardian Signature: _____Date: _____

Name/Relationship of Legally Responsible Guardian (Print):_____

Parent/Guardian Address:_____

Parent/Guardian Email Address:_____

Telephone: (_____)_____ Work Telephone: (_____)_____

School-Based Health Center Registration Form

*Please help us serve you better and comply with our reporting requirements by providing the following **confidential** information.*

Student's Name: _____
Last First Middle Preferred

☐ Female ☐ Male ☐ Trans*/Gender Non-Conforming

Student's School ID: _____ Birth Date: _____ Social Security #:_____ *(optional)*

Student's Address: _____ **Student's Cell**:_____
Street City State Zip

Contact Name:_____ Phone: _____ Relationship to Student: _____

Is the student Spanish/Hispanic/Latino? ☐ Yes ☐ No

Which of the following best describes the student's race? (Check One)

☐ African American/African Native ☐ American Indian/Alaskan Native ☐ Asian
☐ Pacific Islander ☐ White ☐ Multi-Racial

Supplemental Information
Who referred the student to the clinic?: _____ Student's Grade?: _____

Does the student have a doctor? ☐Yes ☐No

If yes, please provide name and phone number_____

Does the student have permanent place to live? ☐Yes ☐No

What is the student's preferred language: _____ Family Language: _____

Is the student eligible for the Free or Reduced Lunch Program? ☐ Yes ☐ No ☐ Don't Know

List activities in which the student is involved: _____

Medical / Mental Health History
Does the student have any medical problems or mental health concerns? _____

Does the student need medications on a regular basis? _____ What?_____

Has the student ever had any surgery, serious illness, or injury? _____

Does the student have allergies to any medications? _____

Has anyone in the student's family had the following (Check all that apply)
☐ asthma ☐ diabetes ☐ heart problems/stroke ☐ mental health problems ☐ alcohol or chemical use
☐ cancer ☐ seizures ☐ high blood pressure ☐ high cholesterol ☐ died before age 50

Insurance Information
You can support the Health Center by providing your insurance or Medicaid information. ***Completion of the information below is required so that we can bill your insurance company, if applicable. No one will be denied services due to inability to provide this information.***

Is the student insured? ☐ Yes ☐ No Insurance ☐ Don't Know

Plan Type: ☐ Medicaid/Healthy Options ☐ Basic Health Plan ☐ Private/Commercial ☐ Group Health

Insurance Company:_____ Plan Name: _____

Policy Holder's Name: _____ Policy Holder's Social Security #:_____ *(optional)*

Group Number or Medicaid Number: _____

Consent to Release Information to Insurance Carrier: I certify the information supplied above is accurate. I authorize release of medical and related information to my health insurance company or other third party payor for the purpose of obtaining payment for services rendered. Policies are in place to assure privacy is maintained related to confidential services.

Signature: _____ Date: _____ Relationship to Student: _____

Please complete both sides

Community Based Organization
Parent/Guardian Consent Form
2020-2021 Approval

Public Health – Seattle & King County
School-Based Partnerships Program
401 5th Ave #1000
Seattle, WA 98104
206.263.8350

Nathan Hale Teen Health Center
Kaiser Permanente
10750 30th AVE NE
Seattle, WA 98125
206.302.1840

Consent to Release of Education Records Under the Family Education Rights and Privacy Act (FERPA)

I consent to the release of my child's education records from the Seattle School District to the above listed agencies. I understand that education records include, but are not limited to:

1. Student name, DOB and contact information
2. Student Demographics: including Special Education status and 504 Status and race/ethnicity
3. Attendance History
4. Discipline History
5. Coursework and grades History
6. Test Scores History
7. Enrollment History
8. Assignment Grades
9. Upcoming & Missed Assignments

This release includes permission for agency staff to access my child's academic records using an automated data feed through Seattle Public Schools.

I understand that the purpose of sharing these records with the above-mentioned entities is to keep my child's school-based health center medical and/or mental health provider informed of his/her academic program and progress. In collaboration with Public Health - Seattle & King County, Kaiser Permanente staff will work with my child and/or his/her school in an effort to improve my child's success at school. I acknowledge that I may revoke this consent by sending a written notification to the Seattle School District's School & Community Partnership Department, MS: 33-160 P.O. Box 34165 Seattle, WA 98124.

This Release of Information will make the above-listed educational records, which includes historical student data, available to agency staff from the date of consenting signature until December 31, 2021. I consent to Seattle School District releasing information to the above listed agencies (please print clearly):

Parent/Guardian Signature (if youth is 17 or younger): _____

Parent/Guardian Printed Name: _____

Student's Signature (if youth is 18 or older): _____

Today's Date: _____

_____ PRINT **Student's Name** (First and Last name)

_____ Student **Date of Birth**

_____ **Student **School District ID #**

Nathan Hale High School _____ Student's School

***Student ID # can be found on student ASB card, report card, official school mailing, or by contacting your student's school*