Your child’s school has a School-Based Health Center!

School-Based Health Center (SBHC) staff can provide:

- Well child & annual physical exams
- Care for sick visits
- Care for chronic issues
- Counseling services
- Preventative dental care

If your child is home sick you may still bring him/her to their SBHC to be seen.

- All students K-12 are eligible. (Pre-K & Headstart are also eligible.)
- All students with or without insurance are eligible.
- All students with their own family doctor or dentist are eligible. We can serve as your primary care provider or work with your healthcare provider to coordinate care.
- There are no co-pays or deductibles for services provided in school.
- Many parents choose to enroll their children just in case they need it -- no loss of work for parents and students are seen quickly.
Healthy Students Learn BETTER!

North Country Family Health Center
School-Based Health Centers

South Jefferson Central School District
Watertown City School District

Alexandria Central School District*
Copenhagen Central School*
Lowville Academy & Central School District*
South Lewis Central School District*

* Offering Dental Services Only

When school is closed patients can reach us 24/7
Medical ~ 315.782.6400
Dental ~ 315.788.9834

For more information on each School-Based Health Center's contact information visit www.NCoFamilyHealth.org
Preventive Dental Care

Provided **in-school** and at **no cost** to parents.

*(If you have insurance, we will bill your insurance provider.)*

All students can use Lowville’s School-Based Dental Program.

Any student can receive dental services through the School-Based Dental Program.

There are no eligibility or income requirements.

Preventive dental care is provided by North Country Family Health Center, a federally qualified community health center with offices in LeRay, Lowville, and Watertown.

Over please

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Preventive Dental Services Include:

- Dental screening
- Dental sealants
- Dental cleaning
- Fluoride treatments
- Oral health education

All **YOU** have to do is fill out this short form and return it to your child’s teacher!

Student’s Name: ____________________________

(Last)     (First)     (Middle)

Student’s Address: _____________________________________________

Student’s DOB: ____/____/____

Parent/Guardian Name: _____________________________

Parent’s DOB: ____/____/____ *(Parent responsible for insurance)*

Best number to reach parent/guardian:

- Home phone: _____________________________
- Cell phone: _____________________________
- Work number: _____________________________

Best time to reach parent/guardian: Morning ☐    Afternoon ☐

Do you have dental insurance? Yes ☐    No ☐ *(Medicaid covers dental care.)*

Name of dental insurance: _____________________________

Policy #: _____________________________

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School-Based DENTAL Program
School-Based Dental Program

2017-18 ENROLLMENT FORM

Student’s Name:____________________________________________________________________________________

(LAST)                                          (FIRST)                                      (FULL MIDDLE)

Student’s School:_______________________________ Grade:_____ Teacher/Homeroom:________________________

☐ I would like to enroll my child in the PREVENTIVE dental program at my child’s school to receive
dental screenings, cleanings, fluoride treatment, and sealants.

CONFIDENTIALITY (HIPAA) NOTICE

REQUIRED ANNUALLY

North Country Family Health Center is committed to maintaining the privacy of your protected health information (PHI). Our
promise is that your medical records and other PHI will only be released from our practice with a properly executed
authorization form from you, the patient, or your representative, except for certain instances. These instances are described in
our Notice of Privacy Practices. The Notice is available for you to read in our office and you may have a copy if you ask us for
one. The following are possible ways in which we may use or disclose your PHI: These are only examples.

1. When our medical/dental staff is caring for your child, we will review your child’s medical/dental history.
2. Our administrative staff may audit your child’s medical/dental records for completeness.
3. We may need to tell your insurance plan certain information so that we may receive payment for services.

You have a right to review the Notice before signing this consent. You have the right to ask us to restrict how we use your PHI.
We will provide you with a form on which you can make your written request for restrictions. We don’t have to agree to the
restriction, but if we do, we are bound by the agreement. We may make changes to the Notice. Upon your request, we will
provide you with any revisions. By signing this form you consent to use and disclosure of protected health information (PHI)
as described in our Notice of Privacy Practices. You have the right to revoke this consent in writing. You have the right to an
accounting of the disclosures of your PHI for other treatment, payment and health care operations.

I have been informed and understand my rights regarding the possible ways in which North Country Family Health Center may
use and disclose my/my child’s protected health information.

Parent/Guardian Signature (if child is 18 they may sign for themselves) __________________

Date

CONSENT FOR SCHOOL-BASED DENTAL SERVICES:

I give my consent for my child, ______________________ to receive services provided by the staff of the North Country Family
Health Center (NCFHC) School-Based Dental program. I give my permission for the release of my child’s reports to his/her
dental provider and the appropriate information from the dental exam to the school nurse. If applicable, I authorize NCFHC to
bill my insurance company, including Medicaid, CHP/FH, and private insurances. I authorize insurance and/or Medicaid
payments for services rendered for my dependent to be paid directly to NCFHC and the release of medical information
necessary to process to my insurance carrier.

Services may include, but are not limited to, the following: dental screening, dental cleaning, and the application of fluoride
varnish and/or dental sealants.

I understand that every effort will be made to contact me prior to treatment. The staff of the North Country Family Health
Center believes that parental involvement is essential in keeping children healthy. We encourage parents with questions or
concerns to contact NCFHC’s School-Based Dental Program Administrator, Nicole Quintin, at (315) 782-9450 ext. 8006.

Parent/Guardian Signature __________________ Date

Today’s Date: 