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*
Jefferson-Lewis BOCES - ACES Program*
Lowville Academy & Central School District*
Lyme Central School District*
South Lewis Central School District*

* Offering Dental Services Only

When school is closed patients can reach us 24/7
315.782.9450

For more information on each School-Based Health Center’s contact information visit www.NoCoFamilyHealth.org
All students can use South Lewis Central School’s School-Based Dental Program - there are NO eligibility requirements

Preventive Dental Care 2020-2021
Provided in-school and at no cost.

Preventive Dental Services Include:
• Dental screening  • Dental sealants  • Dental cleaning  • Fluoride treatments  • Oral health education

Teacher Name: ___________________ Current Grade: ________

Student’s Name: ____________________________________________
(Last) (First) (Middle)

Student’s Address: ____________________________________________

Student’s DOB: ____/____/____  Student’s Social Security Number _____-____-____

Gender Identity  □ Male  □ Female  Other: ___________________ Sex at birth: □ Male  □ Female

Parent/Guardian Name: _______________________________________

Parent’s DOB: ____/____/____  Parent’s Social Security Number _____-____-____ (Parent responsible for insurance)

Best number to reach parent/guardian: ___________________________

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

Do you have dental insurance?  Yes □  No □ (This includes Medicaid and Managed Care plans such as UnitedHealthcare)

Name of dental insurance: ___________________________ Policy #: ___________________

If you have dental insurance we will bill your insurance provider and there is no out of pocket cost to you.

Student’s Dentist, with address ___________________________ Phone number __________

Name of medical insurance (For reporting purposes ONLY)
________________________________________ Medical Policy #: ___________________

Please complete this form ONLY if you are interested in dental services. (One enrollment per student please)
Completion of this form is required each year. Please return completed enrollment to your student’s teacher.
Please answer the following questions ~ North Country Family Health Center asks strictly for reporting purposes only.

**LANGUAGE – “Patient Speaks….”:**
- [ ] English
- [ ] Spanish
- [ ] Mandarin Chinese
- [ ] Sign Language
- [ ] Other: ___________

**Translation Assistance Needed:**
- [ ] YES
- [ ] NO

**RACE (May select up to 2):**
- [ ] White
- [ ] Black/African American
- [ ] Asian
- [ ] American Indian/Alaskan Native
- [ ] Native Hawaiian
- [ ] Other Pacific Islander

**ETHNICITY:**
- [ ] Not Hispanic/Latino
- [ ] Hispanic/Latino

**Household Size & Income:**
*For children, enter family information*

**Number of people in household:** __________

**Income:** $__________________________

Circle one: week / month / year

**Housing Status of Patient:**
Patient slept where last night?
- [ ] At home/apartment
- [ ] Shelter
- [ ] Car
- [ ] Street
- [ ] With a friend/relative
North Country
Family Health Center
School-Based Medical/Dental History

Student’s Name: __________________________________________ Birthdate: ________________

1. Does the student have any chronic health problems? (Ex. Asthma, Diabetes, Epilepsy, Heart conditions, etc.)
   - [ ] Yes   [ ] No  Please list problem: __________________________________________

2. What medications is the child taking? __________________________________________

3. Does the student have any food, environmental, drug, or dental numbing agent allergies?
   - [ ] Yes  [ ] No  If yes, what type of allergy? ______________________________________
     Reaction includes:_______________________________________________________________

4. Does the student have any developmental delays or problems?
   - [ ] Yes  [ ] No
     If yes, explain:_________________________________________________________________

5. Has the student ever suffered injuries to teeth or mouth?
   - [ ] Yes  [ ] No
     If yes, explain:_________________________________________________________________

6. Are there any dental concerns?
   - [ ] Yes  [ ] No
     If yes, explain:_________________________________________________________________

7. Does anyone in the house smoke?
   - [ ] Yes  [ ] No
     If yes, where do they smoke?__________________________________________________

Reviewed by: ___________________________    Date: ____________________
North Country Family Health Center Policies and Consents

Consent for School-Based Health Dental Program 2020-2021

I authorize my student to receive services provided by the staff of the North Country Family Health Center (NCFHC) School-Based Dental Program. Services may include, but are not limited to: dental screening, dental cleaning, and the application of fluoride varnish and/or other dental sealants. I give my consent for NCFHC staff to have access to the student’s school dental records and copies of the student’s most recent dental exam. I give my permission for the release of the student’s dental summaries to be shared with his/her dental provider and/or the school nurse to coordinate his or her care. I understand that every effort will be made to contact me prior to treatment, however I understand this may not always be possible. The staff of NCFHC believes that parental involvement is essential in keeping children healthy and will encourage each student to involve his or her parents in healthcare decisions. We encourage parents with questions or concerns to contact NCFHC’s School-Based Program Administrator, Heather Lupia, at (315) 782-9450.

Consent for Release of Dental Information:

North Country Family Health Center School-Based Dental Program is committed to providing the highest quality dental care to your student and requests access to your child’s dental records from his/her primary dental provider to assist with the coordination of your student’s care.

This consent is valid for one year from date of signature unless revoked in writing prior to expiration.

Name of Your Student’s Current Dental Provider:

Address of Current Dental Provider:

Name and Address of Provider of Whom this information will be disclosed:

North Country Family Health Center, Inc., 238 Arsenal Street, Watertown, NY 13601

Purpose of Release of Information:

Collaboration and continuity of care between student’s dentist and student’s School-Based Dental Program.

Type of Information to be released:

Clinical records related to the most recent dental exam, current diagnosis, and treatment of dental issues.

Notice of Privacy Practices:

North Country Family Health Center(NCFHC) 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.

I have been given the opportunity to review or receive a copy of NCFHC Notice of Privacy Practices which describes how NCFHC may use and disclose my student’s protected health information following applicable state and federal law.

I understand that this may include disclosures of information to my student’s insurance carrier(s) to issue payment directly to NCFHC.

I understand that I have the right to receive a copy of my student’s medical information or to request restrictions on the use of my student’s protected health information.
Finance Policy:
North Country Family Health Center’s (NCFHC) School-Based Dental Program serves all students whether they are covered by insurance or not. Services provided in the school-based setting have NO out of pocket costs. However, if the student requires services we do not provide at the SBHC – outside dental work – there may be out of pocket costs incurred. If you have insurance, we will bill your insurance company for you. If you do not have insurance, we can assist you with obtaining insurance coverage.

I authorize NCFHC and its representatives to release any information they obtain, including medical information to your insurance company or their representatives to process claims for payment. As applicable, I authorize my insurance provider to pay North Country Family Health Center, Inc. for services rendered.

My Signature Means:
I have reviewed North Country Family Health Center’s Consent for School-Based Health Dental Program, Notice of Privacy Practices, and Finance Policy.

I have reviewed and completed the Consent for Release of Dental Information section. I understand that I authorize North Country Family Health Center School-Based Dental Program access to my student’s Dental Information.

I have been given the opportunity to ask questions and all of my questions have been answered fully and satisfactorily.

I understand that my consent will remain in effect as long as the student is enrolled in NCFHC’s SB Dental Program, unless I notify NCFHC in writing. I understand that I may revoke my consent at any time.

Printed Name of Legally Authorized Representative: [Signature]

State Relationship to Student: _______________________________________

Signature of Legally Authorized Representative: [Signature]

Date: [Date]
School-Based Dental Program Q & A

Why is Oral Health Important?
Oral health has been shown to impact overall health and well-being. Approximately 30% of children in the North Country have evidence of untreated tooth decay (dental caries). Tooth decay, or dental caries, is the most common chronic disease among children, with dental care being the greatest unmet service need. If untreated, tooth decay is often painful and can disrupt learning, school performance, and daily activities.

What is a School-Based Dental Program?
A school-based dental program provides dental services to students where they are – in school. Our dental program operates within a school building while the school is in session and serves the students enrolled in the school. The dental program uses portable equipment that is easily set up and broken down. The length of time spent at a site depends on the needs of the school.

What Services are Offered?
Preventive services that we offer are screenings, cleanings, fluoride treatments, and sealants. Additionally, dental education is provided to individual students and can be provided in classroom sessions as well. Services are provided by a New York State licensed Dental Hygienist who is on the staff of North Country Family Health Center.

What Does it Cost?
There are no out of pocket expenses for preventative services. If there is insurance associated with the student we will bill insurance to cover our expenses.

Who is Eligible for the Program?
Any student may receive preventive dental care. If you have a family dentist, your child can still get preventive care (dental screenings, cleanings, sealants, and fluoride treatments) at school.

We treat Pre-Kindergarten through 12th grade. All you have to do is enroll your child in the dental program. Enrollment forms will be distributed to every student and are also available on our website, www.NoCoFamilyHealth.org.

How are Appointments Scheduled?
Once the enrollment form has been returned to school, parents will be contacted before your child is scheduled for a visit. Students will be called down to the dental program area for their appointment. We always try to avoid a core subject or special activity when scheduling your child’s appointment.

Can I Come to My Child’s Appointment?
Parents are always welcome to come, but it is not necessary. Appointments typically last 20 minutes. After each visit, the student will receive a goody bag filled with oral hygiene supplies, and a note discussing the outcome of the appointment. If there are any concerns a phone call home will be made.

It’s important to keep your teeth healthy!