

KING'S DAUGHTERS | **Walk-in** Care FOR SCHOOLS

Access to high quality care

Access to high quality, convenient medical care is important for families and large organizations such as school systems. King's Daughters Walk-In Care for Schools promotes physical, mental, social and emotional health for children, families, and staff. The result is a healthier school:

- Fewer missed school days
- Fewer missed work days for parents
- Faster access to appointments and care
- Fewer emergency room visits
- Better management of chronic diseases
- Improved academic performance

For students

We bring on-site well-child exams and sick visits along with:

- Immunizations
- Labs (flu, blood sugar, strep)
- TB skin test (SRNA program)
- Health education and health fairs
- Referrals
- Telemedicine video visits. Care is delivered in the school through a fast, secure telehealth connection.
- Case manager. Ensures children at high risk get appropriate treatment and/or support.
- On-site only as requested. We can assist students who may be:
 - Chronically ill
 - Frequent ER utilizers
 - Suicidal/depressed
 - Substance/tobacco abusers
- Social worker
 - Referrals for assistance
 - Referral for substance abuse
 - Housing, food, medication assistance
 - Referral for mental health
- We will attempt to call parents or guardians before we treat a child
- Call-in prescriptions to your pharmacy

Flu consent forms will be sent home at a later date when the vaccine is available.

For faculty and staff

On-site exams and sick visits along with:

- Immunizations
- Labs (flu, blood sugar, strep)
- Health education and health fairs
- Referrals
- Occupational Medicine. Care for and follow up for workplace injuries or referral to King's Daughters Occupational Medicine services.
- Educational programs. Our professional clinical staff can bring on-site education opportunities for disease management of numerous chronic conditions.
- Telemedicine video visits
- Pharmacy delivery. Whether it's a script following a telemedicine visit or a prescription refill, we will deliver straight to you with little wait.
- Call-in prescriptions to your pharmacy

Collaboration

- Collaborate with school districts to reduce or prevent spread of infections
- Recommended vaccinations (Hepatitis A, HPV, meningococcal)
- Determine how long to keep children away from school during acute illness
- Monitor and address disease/infection trends

Partner school systems

- Ashland Independent Schools
(606) 408-8921
- Boyd County Schools
(606) 408-8920
- Carter County Schools
(606) 475-5500
- Fairview Independent Schools
(606) 408-8922
- Ashland Day Treatment
(606) 408-8924

INITIAL OFFERING OF SERVICES

Yes. I would like my child to access these services. I have completed all the information.

No, I do not want my child to access these services. If so, please check this box, **include the date and student's name below**, and return the form.

Please read carefully: In order for King's Daughters ("KDMC", "we" or "us") to see a student at the school listed below, all pages of this form must be completed by the student's parent or legal guardian, signed and dated in ink in the appropriate places. Students should return the completed form to their homeroom teacher or other appropriate school representative. Consent is for the 2018-2019 school year and may be withdrawn at any time in writing by the signatory below.

1. STUDENT INFORMATION

Today's date: / /

School district:

School name:

Student name:

Gender: Male Female

Date of birth: / /

Social Security No.: - -

Address:

City:

State:

Zip code:

Home telephone:

Mobile telephone:

2. EMERGENCY CONTACT INFORMATION

Mother or legal guardian - full name:

Home telephone:

Mobile telephone:

Work telephone:

Email address:

Father or legal guardian - full name:

Home telephone:

Mobile telephone:

Work telephone:

Email address:

If parents or legal guardians are not available, please contact:

Name and relationship to student:

Home telephone:

Mobile telephone:

Work telephone:

Email address:

3. STUDENT'S MEDICAL HISTORY

This information will aid in making an accurate assessment in case of illness or emergency. Please check if the student has ever had the following:

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Anaphylactic episodes | <input type="checkbox"/> Anemia | <input type="checkbox"/> Asthma | <input type="checkbox"/> Birth defects | <input type="checkbox"/> Blood transfusions |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Cough-persistent | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fatigue-unexplained |
| <input type="checkbox"/> Head/eyes/ears/throat problems | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Scarlet fever | <input type="checkbox"/> Stomach/bowel problems | <input type="checkbox"/> Weight loss-unexplained |
| <input type="checkbox"/> Joint/muscle pain/stiffness | <input type="checkbox"/> Measles | <input type="checkbox"/> Seizures | <input type="checkbox"/> Tuberculosis exposure | |
| | <input type="checkbox"/> Mumps | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Weight gain-unexplained | |
| | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Sleep problems | | |

Please explain any checked items:

Medications take by the student on a regular basis:

7. INSURANCE INFORMATION

Please complete the following insurance information for student. This information is required for student's health record to be complete but will only be billed if services are provided by King's Daughters. School nurse visits are not billed to insurance. **Please fully complete and attach copy of insurance card.**

PRIMARY POLICY

Insurance company: _____ Policy number: _____ Group Number: _____

Send medical claims to address on card: _____

Name on insurance card: _____ Name of primary insured (policy holder): _____

Relationship to student: _____ Policy holder's date of birth: / /

Social Security Number of primary insured (policy holder): - -

Policy holder's address: _____

City: _____ State: _____ Zip code: _____

SECONDARY POLICY

Do you have another health insurance policy that may provide additional coverage?..... Yes No If yes, please provide information below.

Insurance company: _____ Policy number: _____ Group Number: _____

Send medical claims to address on card: _____

Name on insurance card: _____ Name of secondary insured (policy holder): _____

Relationship to student: _____ Policy holder's date of birth: / /

Social Security Number of secondary insured (policy holder): - -

Policy holder's address: _____

City: _____ State: _____ Zip code: _____

8. CONSENT AND PERMISSION

By my signature below, I hereby give consent for student to receive the following services from King's Daughters at:

School district: _____ School name: _____

1. Annual well visits (please provide the date of student's last annual well visit): _____
2. Physical/wellness exam
3. Sports physical exam
4. Acute visits
5. Lab draws
6. Point of care testing
7. Flu immunizations (the flu immunization and all other immunizations will require a separate consent)
8. Tb skin testing
9. Medication administration (including over-the-counter items not prohibited in Section 6 above)
10. Drug dispensing
11. Education
12. Telemedicine (which are services provided remotely by King's Daughters to student at school and for which a separate consent is required)
13. Other: _____

If you object to King's Daughters providing student with any of the services listed above, please explain: _____

Would you like your child to have their yearly physical (wellness visit) while they are at school with the provider? Yes No

NOTICE OF PRIVACY PRACTICES

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

If you have any questions, please contact our Privacy Office at the address or phone number at the bottom of this notice.

Our pledge to you.

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. We are required by law to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Notify you following a breach of your unsecured medical information.
- Follow the terms of the notice that is currently in effect.

Who will follow this notice?

King's Daughters Medical Center ("KDMC") and King's Daughters Health System, Inc. ("KDHS") (collectively referred to as "we," "our" or "us") provide healthcare to our patients in partnership with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by us and by:

- Any healthcare professional who treats you at any of our locations.
- All departments and units of our organization, including our Family Care Centers and home health agency.
- All Team Members, staff, and volunteers of our organization.

Changes to this Notice.

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas and on our Web site at kdmc.com. You can receive a copy of the current notice at any time. The effective date is listed at the top of the first page. You will also be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose medical information about you.

- We may use and disclose medical information about you for treatment (such as sending medical information about you to a specialist as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our healthcare operations (such as comparing patient data to improve treatment methods).
- **Medical Staff.** Because KDMC is a clinically integrated setting, our patients receive care from hospital staff and from independent practitioners on the medical staff. The hospital and its medical staff must be able to share your medical information as necessary for treatment, payment and health care operations as described above. Because of this, the hospital and all medical staff have entered into an Organized Health Care Arrangement, or OHCA, that allows the OHCA to use this notice as a joint notice for all treatment rendered at the hospital and to obtain a single acknowledgement of receipt of the notice.
- **Health Information Exchanges.** We participate in one or more Health Information Exchanges to facilitate the provision of health care. Unless you notify us otherwise, we may use and disclose medical information about you to participate in such Health Information Exchanges, as described more fully below.

We participate in the Kentucky Health Information Exchange. The Kentucky Health Information Exchange ("KHIE") makes patient health care information available electronically to the Kentucky Department of Medicaid Services, Kentucky State Laboratory and certain health care providers who are covered by HIPAA and participate in the KHIE ("KHIE Participants"). KHIE Participants agree to KHIE's terms and conditions, including its security and privacy requirements, and agree to access the information for purposes of treatment, payment and health care operations according to applicable federal and state laws. A detailed description of KHIE can be found at <http://khie.ky.gov/PAGES/INDEX.ASPX>. Making patient health care information available to participating health care providers through KHIE promotes efficient and quality health care for patients. We are a KHIE participant. As such, we are able to obtain more complete information about our patients' medical histories when their health care information is available through KHIE. We make our patients' health care information available to other KHIE Participants who have a need to know it for purposes of treatment, payment and health care operations. You may choose not to allow your information to be available through the KHIE. Participation in the KHIE is not a condition of receiving care. However, if you decide not to make your information available to the KHIE, it may limit the information available to your health care providers. Your information is not stored with the KHIE. Rather, information is only pulled through the KHIE when participating providers request your information. Then, a copy of your information is stored with the receiving provider, much like a fax between health care providers. Please let us know if you have questions about KHIE or desire not to make your information available through the KHIE.

We participate in the Ohio Health Information Exchange ("OHIE") which uses the CitiSync health information exchange technology to share health information electronically. Your healthcare providers use this electronic network to securely provide access to your health records for a better picture of your health needs. We and other participating healthcare providers, may allow access to your health information through the OHIE for treatment, payment, or other healthcare operations. The OHIE follows federal and Ohio privacy laws. You may choose not to make your information available through the OHIE by providing written notice to us of your decision to opt-out. For instructions on how to opt-out, please contact our Privacy Officer listed below. Participation in the OHIE is not a condition of receiving care. However, if you decide to not make your information available to the OHIE, your medical information may not be available to your health care providers who search the OHIE for information to provide you treatment. Additional information on the OHIE can be found at www.clinisync.org by searching for Patient Choice. Please let us know if you have questions about the OHIE or desire not to make your information available through the OHIE.

Other reasons we may use or disclose your medical information. We may use or disclose medical information about you without your prior authorization for several other reasons. These reasons include:

- **When required by law.** We may use or disclose your protected health information to the extent that the use or disclosure is required by state or federal law, including disclosures to the U.S. Department of Health and Human Services when the information is requested to show we are complying with federal privacy law. Uses or disclosures required by state or federal law will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- **For public health activities.** We may disclose your protected health information for public health activities and purposes to:
 - a public health authority that is permitted by law to collect or receive the information for the purpose of preventing or controlling disease, injury or disability;
 - a public health authority or other governmental authority that is authorized by law to receive reports of child abuse or neglect;
 - a person subject to the jurisdiction of the Food and Drug Administration (FDA), for public health purposes related to the quality, safety or effectiveness of FDA-regulated products or activities such as collecting or reporting adverse events, dangerous products, and defects or problems with FDA-regulated products;
 - a person who may be at risk of contracting or spreading a disease, if such disclosure is authorized by law;
 - your employer, for the purposes of conducting an evaluation of medical surveillance of the workplace or for the purposes of evaluating whether you have a work-related illness or injury; or
 - your school or your child's school, if the information is limited to proof of immunization and the school is required by law to have such proof prior to admitting you or your child. We will obtain and document your agreement to such disclosures.

Your rights regarding medical information about you.

- **Right to Inspect and Copy.** In most cases, you have the right to look at and to get a copy of your medical records and billing records that we maintain or that are maintained for us, when you submit a written request. If the information is maintained electronically and if you request an electronic copy, we will provide you with an electronic copy in the form and format requested by you, if it is readily producible in that form or format (if it is not, then we will agree with you on a readable electronic form and format). You can direct us to transmit the copy directly to another person if you submit a signed written request to our Privacy Officer that identifies the person to whom you want the copy sent and where to send it. If you request copies, we may charge a reasonable cost-based fee for: (1) the labor involved in copying the information; (2) the supplies for creating the paper copy or the cost of the portable media; (3) postage when you request to receive the information by mail; and, (4) the labor involved in preparing a summary or explanation of your records, if you choose to receive a summary and you agree to the fees for preparing such summary in advance. If we deny your request to review or obtain a copy of your medical or billing records, you may submit a written request for a review of that decision.
- **Right to Amend.** If you believe that information in your medical or billing records is incorrect or if important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record for a number of reasons, including: if the information was not created by us; if it is not part of the information maintained about you by or for us; or if we determine that record is accurate and complete. You may submit a written statement of disagreement with our decision not to amend a record.
- **Right to an Accounting.** You have the right to a list of those instances where we have disclosed medical information about you, except in the following instances: disclosures for treatment, payment and health care operations; disclosures made to you; disclosures incident to a use or disclosure permitted or required by the Federal HIPAA Privacy Rule; disclosures authorized by you; disclosures for our directory; disclosures to persons involved in your care or for other notification purposes, or to disaster relief authorities; disclosures for national security and intelligence purposes; disclosures to correctional institutions or other law enforcement custodians; disclosures that are part of a limited data set; and disclosures occurring more than six years prior to the date of your request. You must submit a written request to obtain the list of those instances where we have disclosed medical information about you. The request must state the time period desired for the accounting, which must be less than a six-year period from the date of the request. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you to someone involved in your care or the payment for your care, like a family member or a friend. For example, you could ask that we not use or disclose information about a surgery you had. We will inform you of our decision on your request. Requests should be submitted in writing to our Privacy Officer whose address is listed at the end of this notice. Unless otherwise required by law, we must comply with a request from you not to disclose your medical information to a health plan, if the purpose for the disclosure is not related to treatment, and the health care items or services to which the information applies (such as a genetic test) have been paid for out-of-pocket and in full; otherwise, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Except for restrictions that we must comply with relating to health plans, we may terminate our agreement to a restriction at any time by notifying you in writing, but our termination will only apply to information created or received after we sent you the notice of termination, unless you agree to make the termination retroactive.
- **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice upon request.
- **Right to Request Confidential Communications.** You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

All written requests or appeals should be submitted to our Privacy Office listed at the bottom of this notice.

Complaints.

- If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Office (listed below):

Privacy Office and Contact

Scott Hill
Privacy Officer
King's Daughters Medical Center
2201 Lexington Ave.
Ashland, KY 41101
Phone (606) 408-0455
scott.hill@kdmc.kdhs.us

- You may send a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights. Our Privacy Officer can provide you the address or you can visit the Office for Civil Rights website at www.hhs.gov/ocr/privacy/hipaa/complaints.
- Under no circumstances will you be penalized or retaliated against for filing a complaint.

Acknowledgement of Receipt of Notice of Privacy Practices

**KING'S DAUGHTERS MEDICAL CENTER
2201 LEXINGTON AVE.
ASHLAND, KY 41101**

Section A or Section B should be completed and this form placed in the medical record.

Section A

I, _____ (print name) acknowledge that I received the Medical Center's Notice of Privacy Practices.

Signature

Date

Time

Section B (to be completed by Medical Center personnel if patient or representative will not or cannot sign acknowledgement in Section A)

A good faith effort was made to explain the purpose and content of the Medical Center's Notice of Privacy Practices to the patient or his/her representative and to obtain an acknowledgement from the patient or his/her representative that the Notice of Privacy Practices was received, but (check one):

_____ Patient or representative refused to sign.

_____ Patient was in an emergency treatment situation during first service delivery, and the Notice of Privacy Practices was provided as soon as was practicable after the emergency treatment situation passed.

_____ Other (list reason why acknowledgement not obtained): _____

Signature

Date

Time

Making Your Child's Healthcare More Convenient!

King's Daughters Walk-In Care for Schools is your partner for your child's health, with the following additional services available:

Seasonal Flu Vaccinations

We'll be offering flu shots at school in September/October. The vaccine is the best way to protect your child and your family from the misery of the flu. Watch for details!

Second Dose Hepatitis A Vaccine

If your child needs a second dose of the Hepatitis A vaccination, we can provide it, right here at school. No need for you to miss work or wait in lines!

Annual/Sports Physicals

Our providers can complete your child's annual wellness checkup and do sports physicals, too. Give us a call to find out more.

Medication Home Delivery

King's Daughters Family Pharmacy offers home delivery of prescription medications. Home delivery eliminates the hassle of running to the store and waiting endlessly for your prescriptions to be ready. And with our electronic prescription communication service, you'll never have to worry about the script getting lost in the shuffle.

Just call (606) 324-0092 to make arrangements.

kingsdaughtershealth.com

KING'S DAUGHTERS
Walk-in Care
FOR SCHOOLS