

Grace Health  
181 West Emmett Street or  
62 East Michigan Avenue  
Battle Creek, MI 49037-2963  
(269) 966-2625

Grace Health  
115 Market Place  
Albion, MI 49224-1767  
(517) 629-6540



## **Behavioral Health Counseling Services**

Dear Parent or Guardian:

Grace Health is pleased to offer behavioral health counseling services. Our experienced clinicians will be located in the schools for counseling, behavioral health assessments, and parent and family intervention services. We are available to students by appointment.

Behavioral health services for students will require parental consent. Students may be referred by a parent, teacher, school officials or students may self-report their needs to the school-based staff. If someone other than you, the student's parent or guardian, refers the student for services, you will be contacted. **Grace Health accepts Medicaid, as well as many other insurances. Please refer to the Fact Sheet and the Consent for Treatment** for more information.

If you would like your child to be able to access behavioral health services at school, please sign the enclosed consent form and return it to the main office at the school. Furthermore, appointments for students of any age and/or parent or legal guardian can be scheduled by our on-site clinician by calling (269) 441-1960.



## Behavioral Health Counseling Services

### Fact Sheet

<b>Name of Program:</b>	Behavioral Health Counseling Services
<b>Sponsoring Organization:</b>	Grace Health
<b>Billing and Cost:</b>	<b>Insurance or Medicaid will be billed when available. No student will be denied access to services due to inability to pay. Grace Health provides personal assistance with enrollment for Medicaid. Discounts may also be available for as low as \$5.00 per visit, for those who qualify based on family size and income. Information to enroll for assistance or how to apply for the sliding fee discount program is available from the counselor or any Grace Health staff. As in any health center, there may be a charge depending on the service provided.</b>
<b>Description of Services:</b>	Behavioral Health Counseling Services Mental health screening for depression, anxiety, and other symptoms Crisis intervention Individual and family counseling Confidential Services
<b>Access to Care:</b>	Grace Health Behavioral Health Counseling program is open in the school setting to provide behavioral health counseling services. Students may be self-referred or referred by a parent, teacher, or school official. Appointments are preferred; however, students may be seen on a walk-in basis.
<b>Staffing:</b>	Behavioral health counseling services will be provided by a licensed clinician. Our clinicians have extensive experience in child and adolescent assessments and counseling, trauma, as well as, parent and family interventions.
<b>Confidentiality:</b>	Confidentiality between the student, parents and Grace Health Counseling program is assured. Grace Health counseling staff encourages every student to involve his or her parent/guardian in their health care decisions. Grace Health Counseling program will require parental consent for all non-confidential services provided in the school setting. Since one purpose of the school-based counseling program is to reduce high-risk behaviors of youth, it is important for the students to feel they can have a confidential relationship with their counselor. By law, some information requires the student have a signed consent prior to disclosure to anyone, including parent/guardians. This also assures development of trust between students and the counselor.



School \_\_\_\_\_  
Grade \_\_\_\_\_  
Teacher \_\_\_\_\_

### Consent for Treatment Behavioral Health Counseling Services

Child's Last Name		First Name		Middle Initial	Date of Birth	Sex
Street Address		Apt. #	City		State	Zip Code
Parent/Guardian	DOB	Home Telephone Number ( )		Daytime Number ( )	Cell Number ( )	
Parent/Guardian	DOB	Home Telephone Number ( )		Daytime Number ( )	Cell Number ( )	
Race	<input type="checkbox"/> White <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Choose not to disclose <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other _____					
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unreported/Choose not to disclose			Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Burmese <input type="checkbox"/> Other _____	

**Reporting yearly household size and income is a government requirement that will allow Grace Health to continue to receive funding to provide special services for our patients. Please support these programs by providing the following information:**

Number of people living in home: \_\_\_\_\_ Total household income: \_\_\_\_\_ Choose not to disclose: \_\_\_\_\_

### Student's Insurance Information

#### Primary Health Insurance:

*\*We may request a copy of your insurance card for billing purposes*

Name of Insurance Company \_\_\_\_\_  
Subscriber's Name \_\_\_\_\_ Subscriber's Date of Birth \_\_\_\_\_  
Contract # \_\_\_\_\_ Subscriber's Employer \_\_\_\_\_

#### Secondary Health Insurance:

Name of Insurance Company \_\_\_\_\_  
Subscriber's Name \_\_\_\_\_ Subscriber's Date of Birth \_\_\_\_\_  
Contract # \_\_\_\_\_ Subscriber's Employer \_\_\_\_\_

**Grace Health provides personal assistance with enrollment for Medicaid or other health insurance programs.**

**Would you like us to contact you about this? ..... ☐ Yes..... ☐ No**

## Consent for Treatment *(continued)*

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Health Information

Please provide any health related or medical information that we should know about your child (chronic illnesses, surgeries, etc.) \_\_\_\_\_

Allergies to Medications/Food/Plants/Environmental \_\_\_\_\_

Daily Medication(s) \_\_\_\_\_

Please list any special requests or needs that your child may have that we should be aware of \_\_\_\_\_

### Consent for Behavioral Health Counseling Service

I, the parent/guardian of the above-named student, give consent for my child to receive behavioral health counseling services provided by Grace Health in the school setting. I understand this consent form will be valid until my child leaves/graduates school and that I may withdraw my consent for services upon written notice to the school-based health center staff at any time.

I understand that all healthcare information is confidential. By signing the consent form, **I authorize Grace Health staff, my child's regular doctor and school staff permission to communicate and share healthcare and academic information between all entities regarding my child's condition for the purpose of continuity and coordination of care with the understanding that this information will continue to be treated in a confidential manner.** Confidentiality between the student, parents and Grace Health is assured. By law, some information requires the student's signed consent prior to disclosure to anyone, including parents/guardians. Grace Health staff will encourage every student to involve his/her parent/guardian in health care decisions.

I acknowledge being offered a copy of the Grace Health *Privacy Practices Notice* which is available at [www.gracehealthmi.org](http://www.gracehealthmi.org) or by request. I understand that federal and state regulations protect the confidentiality of my child's records maintained by this program. Information may be released when the following conditions exist: (a) there is suspected evidence of child abuse, neglect, or danger to my child; or, (b) a medical emergency requires disclosure to medical personnel; or, (c) my written permission is given to release this information, which may be authorized to specific agencies or persons on a separate consent form. By signing this consent form, I certify that I am the legal guardian and/or legal custodian of the student named above. I also understand that by providing an alternate contact person, if I cannot be reached, health care information regarding the above-named child may be shared between Grace Health staff and the alternate contact.

I understand that no student will be denied access to services due to an inability to pay. As in any health center, there may be a charge depending on the service provided. When available, insurance will be billed and assistance in enrolling for Medicaid or health insurance is available. Discounts are available for as low as \$5.00 per visit for those who qualify. Grace Health may release information regarding treatment to third party payers for billing purposes.

Signature Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Printed Name Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

***Please Return to Classroom Teacher***

## Notice of Privacy Practices

**This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

We create a record of all the medical, pharmacy and dental services that you receive at Grace Health. This record contains information about your symptoms, examinations, test results, x-rays, diagnoses, treatment, our plan for future care and the services we have provided.

At Grace Health, we respect our patients and their personal information. We are committed to protecting the privacy of patient records. We are also required by state and federal laws to maintain the privacy of protected health information.

One of the requirements of the federal Privacy Rules is to provide patients with a Notice of Privacy Practices. This notice tells how we may use your patient information and how it may be disclosed to others. It also explains your rights and some of our legal obligations regarding your health records.

### Uses and Disclosures of Health Information

Grace Health employees may use or disclose your patient information to provide treatment, obtain payment and carry out health care operations.

Treatment: Your patient information is used by the people taking care of you at our office. We may also share information with others who are helping us provide treatment for you, such as a medical specialist, hospital, laboratory or pharmacy.

Payment: Your patient information may be used as we bill and collect payment for the treatment and services you receive. We may contact your insurance company to verify coverage, and we may share the information with them to obtain payment for services we have provided or to request authorization for treatment. Information may be disclosed to our collection agency in case of non-payment for services.

Operations: We may use your health information as we operate and manage our practice and to make sure that you and our other patients receive quality care. This includes using patient information to evaluate the performance of our staff, to find ways to become more efficient and to decide what services to offer. When information is shared with others who provide business services for our organization, they are also required to protect the privacy of our patient information.

Appointment reminders and leaving messages: We may contact you or leave a message on an answering machine or with a household member to remind you of your appointment. We may also leave messages about the status of services we are providing for you or to request return calls to our office.

Text messaging: If you share your cell phone number with us, appointment reminders and payment alerts may be sent in text messages. We may also send you information about tests, appointments and other procedures for which you are due. Text messaging is optional, so you may opt out at any time.

Other electronic communication: We may securely send or receive messages through the Patient Portal. We do not use email to communicate with individual patients or receive messages from them.

Treatment alternatives: We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Fundraising: Some patients may receive letters requesting donations to Grace Health. If you do not want to be on that mailing list, you may contact us by phone or mail.

Emergency situations: In the case of a medical emergency, your information may be disclosed without obtaining a signed authorization to prevent delays in treatment. We may not be able to honor any normal restrictions on use or disclosure if emergency treatment is required. We may notify your family members, caregivers, and/or close friends

in case of a medical emergency or if you are incapacitated. We may also share information that relates to their involvement in your health care based on our professional judgment if we determine it is in your best interest.

Disclosures permitted by law: We may disclose information about you without your permission if permitted or required by law. This includes the following situations:

- Immunization records – Immunization records will be reported to the Michigan Care Improvement Registry (MCIR).
- Public health authorities – We will disclose information to your county health department if you have one of the communicable diseases that must be reported under Michigan law. Information may be reported to state or federal agencies regarding preventing or controlling disease, workplace injuries and adverse events related to food or medical products.
- Controlled substance reports – If our pharmacy dispenses a controlled substance, we will report all details of the prescription and your government-issued ID to the State of Michigan.
- Court order – We will release any information requested in a court order or a subpoena issued by an official of the courts.
- Minor's confidential information – If you are a minor seeking your own care as allowed by law, we may contact your parents with information about your condition if it is determined medically necessary by a health care provider. Your parents may also become aware of the treatment if they are responsible for payment for the services.
- Abuse or neglect – We will report cases of suspected abuse or neglect to Child Protective Services or Adult Protective Services as required by law.
- Domestic abuse – We will report cases of domestic abuse to the authorities as required by law.
- Law enforcement – We may release information to law enforcement as needed to avert a serious health or safety threat or to locate a suspect, fugitive, material witness or missing person. We may release information to law enforcement for investigation of illegal activities involving controlled substances.
- Dental records – Dental records may be released to law enforcement to identify a deceased or missing person.
- Deceased patients – Information about deceased patients may be disclosed to the medical examiner, funeral director or an institutional review board such as the Fetal Infant Mortality Review.

Integrated Health Partners (IHP): We are a member of this hospital physician organization whose activities include medical insurance support, quality improvement and a community collaborative for chronic disease and case management. Your information may be shared with the IHP staff and partnering providers for those purposes.

Health Information Exchange: Other healthcare organizations providing care for you and clinical record extract services providing information to your insurance company may be able to view your health records electronically. Contact our Privacy Officer if you wish to opt out from this electronic exchange.

Video Recording: With your signed consent, your medical appointment with a resident may be recorded for educational purposes.

Other uses and disclosures: We will obtain written authorization from you or your legal representative for any uses or disclosures that are not described above, are not permitted by law or are not related to treatment, payment or health care operations. You may revoke a previously made authorization by providing written notice.

Notification of breaches: We will make every effort to protect the privacy of your health information. We will notify you by mail about a breach of confidentiality.

### **Patient Rights**

You have the following rights regarding your health records:

- Right to request restrictions on uses or disclosures – You have the right to request that we place limitations on our use or disclosure of your patient information. We have the right to choose not to agree to the requested restriction.
- Right to receive confidential communications – You have the right to request that we use alternative methods to contact you. We have the right to choose not to agree to the request.
- Right to inspect and copy – You have the right to make an appointment to review your health records. You may also request to receive a copy of your records at a reasonable fee. You may request that the records be provided in electronic format.
- Right to amend – You have the right to add a written statement to your records to clarify or correct the information within your medical or dental chart.

- Right to receive an accounting of disclosures – You have the right to request a list of all disclosures made without your written authorization that were not made for the purposes of treatment, payment or health care operations.
- Right to restrict disclosures to health plan – If you pay in full for services, you can request that information about those visits is not provided to your health insurance plan.

### **Changes to This Notice**

We reserve the right to revise this notice when there has been a material change in our privacy practices. We will abide by the terms of the notice currently in effect. The current version of the notice will be posted at Grace Health and on our website at [www.gracehealthmi.org](http://www.gracehealthmi.org). You may contact us to receive a written copy.

### **Questions or Complaints**

If you have questions about this notice or Grace Health's privacy practices, please contact our Privacy Officer at (269) 965-8866. If you believe your privacy rights have been violated, you may contact our Privacy Officer. You may also file a written complaint with the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

