

Putnam County School-Based Health Services Sponsored by FamilyCare HealthCenter

503 Roosevelt Blvd.
Eleanor, WV 25070
304-380-7728/586-0001

Frequently Asked Questions for our Families

What is Putnam County School-Based Health Services?

Putnam County School Based HealthCenter is a doctor's office located in 5 Putnam County Schools. It is sponsored by FamilyCare HealthCenter.

What are the benefits?

Students can receive health care at the center and return back to learning in their classroom. Additionally, parents do not need to take time off work in order to transport their sick children to the doctor.

Who can be seen at Putnam County School-Based Health Center?

Students and Staff of the 5 schools can access the health services.

Who provides care?

Dawn Grigsby, a board certified nurse practitioner will be at the center to provide preventive (check-ups and immunizations) and acute health care (cold symptoms, sore throat, ear ache, injury, asthma attack...) to your children.

What are the services provided?

- Primary Care
- Diagnosis and treatment of illnesses and injuries
- Physical Exams
- Sports Physicals
- Immunizations
- Lab Tests
- Chronic Disease Management such as Asthma and Diabetes
- Referrals

What if my Student already has a doctor?

If your child already has a Primary Care Physician (PCP), we will supplement the care that he or she provides. When necessary, we will communicate with the PCP to ensure the best care for your child. If your child does not have a PCP, let us know if you would like Dawn Grigsby, C-FNP to be your child's PCP.

How is a student enrolled in Putnam County School-Based Health Services?

To enroll with us, parents or legal guardians must complete and return the included parental consent.

Can students make appointments during class time?

For routine visits, we work with the school to schedule appointments so students won't miss core classes. For sick visits, students are seen as soon as they present to the center.

How would I know about the visit's results?

When your child is seen at school, you will be contacted to discuss the plan of care and answer your questions and concerns. Please make sure that we have your current contact information.

What are the hours?

Monday – Friday 8:00-2:30pm

Monday- Winfield Elementary

Tuesday- Winfield Middle

Wednesday- George Washington Elementary*

Thursday- Putnam Career and Technical

Friday- Winfield High

*George Washington Middle students and staff will also have access to the services at the Elementary school on this day

Do you have evening hours for sick visits?

FamilyCare offers walk in sick visits at our Teays Valley location (304-757-6999):

Monday-Thursday 5:00pm-7:00pm

Saturday 8:30am-12:00pm

What about after hour emergencies?

FamilyCare always has a provider on call when the Health Center is closed, including weekends and holidays. This is for emergencies that cannot wait until the next business day. The answering service can be reached by calling 304-757-6999.

What insurances do you accept?

FamilyCare accepts most insurance plans, CHIP and Medicaid. The billing department at our Teays Valley location (304-757-6999) can answer any questions you have about insurance. If your child does not have health coverage, ask us for an application for sliding fee, CHIP or Medicaid.

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Putnam County School-based Health Services
P.O. Box 163, Eleanor WV 25070
(304) 380-7728/586-0001

ENROLLMENT AND CONSENT FORM

STUDENT

Student Name: _____ Student SS #: _____
Address: _____ City: _____
State/Zip: _____ Grade: _____ Birth date: _____
Gender: *Female or Male* Race: *White, Black, Hispanic or Other:* _____

PARENT / GUARDIAN

Father: _____ (Cell) _____	Phone (H) _____ Email: _____	(W) _____
Mother: _____ (Cell) _____	Phone (H) _____ Email: _____	(W) _____
Guardian: _____ (Cell) _____	Phone (H) _____ Email: _____	(W) _____
Alternate Contact: _____ (Cell) _____	Phone (H) _____ Email: _____	(W) _____

INFORMATION FOR THE PARENT OR GUARDIAN

All health care information is confidential. Health information shared between the student, parents and the Health Center will be kept private. By law, some information requires the student's signed consent prior to disclosure to anyone, including parents or guardians. The staff will encourage every student to involve his or her parent or guardian in health care decisions.

No student will be denied access to health care services due to inability to pay. As in any Health Center, there may be a charge depending on the service given. We will bill the patient's insurance or Medicaid when available. The Health Center may release information regarding treatment to third party payers for billing purposes.

CONSENT BY THE PARENT OR GUARDIAN TO TREAT THE STUDENT

I, the parent or guardian of _____, agrees for my child to get health care at the Putnam County School-based Health Services Program sponsored by FamilyCare HealthCenter. I understand that this consent form will be in effect until my child leaves the school or until I tell the Health Center staff I do not want my child to receive care anymore.

By signing this form, I am giving the Health Center, school nurse and my child's regular doctor (if she or he has a regular doctor) permission to talk about and share medical information about my child. I understand that this information will always be confidential.

I understand that if guardianship changes a new consent must be signed by the legal guardian. If I cannot be reached, medical information regarding the above child will be shared between the medical provider and the other contact.

Signature of Parent / Guardian

Date

Student's Health Information

1. Please list any allergies, medications, chronic illnesses, surgeries, etc. we should know about:

2. Doctor's name / phone number: _____

3. Would you like your child to have a physical exam? Yes _____ No _____

4. When was your child's last dental exam? _____ Name of Dentist: _____

5. If we need to call in a prescription, which pharmacy would you like us to call? _____

6. Immunizations:

Immunization Record Is Attached

I give my permission for you to obtain my child's immunization record

Signature: _____ Date: _____

Student's Insurance Coverage

Primary Health Insurance:

Name of Insured Parent / Guardian _____

Birth date of Card Holder _____ SSN of Card Holder _____

Address (if different from child) _____

Place of Employment _____

Name of Insurance Company _____

Insurance Address _____

Insurance Phone / Fax Number _____

Group & ID Number _____

Secondary Health Insurance:

Name of Insured Parent / Guardian _____

Birth date of Card Holder _____ SSN of Card Holder _____

Name of Insurance Company _____

Insurance Address _____

Insurance Phone / Fax Number _____

Group & ID Number _____

Medicaid: Unicare Carelink Other: _____ (please circle one)

Medicaid ID#: _____ Member ID# (Carelink) _____

PCP/HMO Provider: _____ Provider Phone Number: _____

CHIP: Name on Card: _____ Birth date of card holder: _____

ID or PIN # on card: _____ Group #: _____

No health insurance / Request application for sliding fee / CHIP / Medicaid

**HEALTH INSURANCE PORTABILITY AND
ACCOUNTABILITY ACT OF 1996
(HIPAA)**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires all physicians and health care facilities to provide patients with a notice describing how an individual's medical information may be used and disclosed, and how a patient may obtain access to their personal health information.

Please note that there is an attached copy of HIPAA to this consent form, for the parent/guardian of the student receiving medical or mental health counseling services at the Putnam County School-based Health Services Program sponsored by FamilyCare HealthCenter. You must sign below, indicating that you have received a copy of our HIPAA policies, prior to the student receiving services.

I certify that a copy of the Health Insurance Portability and Accountability Act of 1996 was provided with the Elementary School Based HealthCenter's consent form, to the parent/guardian of _____ on this date.

Student Name

Signature of Parent/Guardian

Date

Signature of FamilyCare Staff

Date

