**The OneWorld Medical Mobile School Based Health Center operates through agreements between Bellevue, Ralston and Omaha Public Schools, and OneWorld Community Health Center. We want to promote the health and educational success of students and for this we need your help.**

**If you have a patient who wants to be seen right away and they don't want to wait in an urgent care clinic or it's too expensive for them, we can see them right away.**

**We provide care for illnesses using telehealth for anyone exhibiting COVID-19 symptoms. We also provide in-person visits for earaches and urinary tract infection symptoms. We can also help with long term diseases like asthma and diabetes. We do school and sports physicals, and give immunizations. Behavioral Health services are provided via telehealth as well.**

**Enrollment is optional for families to utilize this service. If you are interested, please complete the attached Enrollment form and HIPAA form to all OneWorld Medical Mobile School Based Health Center to visit with the BPS school nurse.**

***These are some of the most common questions parents have:***

**What is a Medical Mobile SBHC?**
Medical Mobile School Based Health Center – a medical clinic inside a large van.

**Who can use the Medical Mobile SBHC?**
All Ralston Public Schools, Bellevue Public Schools and Omaha Public School students and Siblings (2 mos. – 18 years).

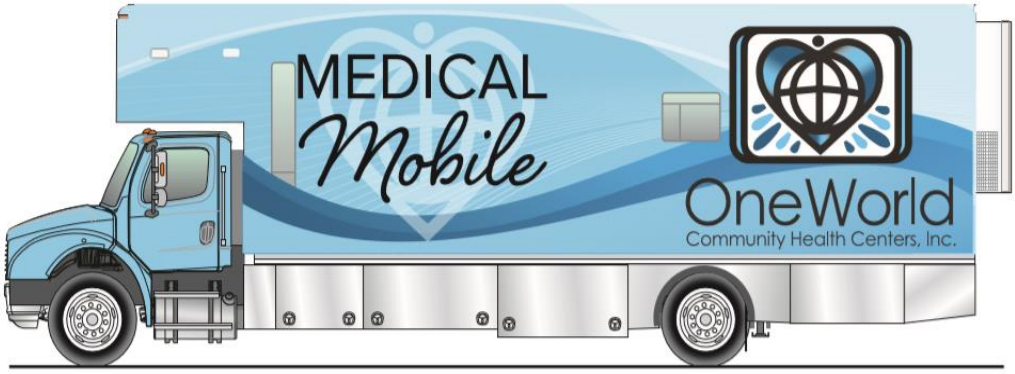
**How do I enroll in Medical Mobile SBHC?**
Sign a form for enrollment to participate in the program, a consent to treat form, and a HIPAA form before and/or at the time of the appointment.

**Can my child see the School Nurse?** Yes. SBHC will work with the school nurse to provide care.

**What are the costs for the services at Medical Mobile SBHC?**
We accept Medicaid, Kids Connection, private insurance, sliding scale payment plan available. All children are seen regardless of ability to pay.

**How do I make an appointment?**
**Call Medical Mobile SBHC at (402)880-4870,** your school nurse, OneWorld Community Health Centers, or Walk-In.

**What is needed at the appointment?**
Immunization Records, Private Insurance card, Medicaid card, or pay stubs for Sliding Scale.




**BELLEVUE PUBLIC SCHOOLS (BPS)**
**School Based Health Center Mobile Services Enrollment and Consent Form**
**Enrollment is OPTIONAL**

**2023-24**

| **Student Information** | | |
|---|---|---|
| Student Last Name (legal): | | Student Number: |
| First Name (legal): | Student Middle Name (full): | |
| Home Address: | City: | Zip: |
| Gender: M ☐ / F ☐ | Birth Date (mm/dd/yyyy): / / | |
| Grade: | Name of School Attending: | |
| **Parent/Guardian** | | |
| Parent Last Name (legal): | Parent First Name (legal): | |
| Parent Middle Name (full): | Parent Birthdate (mm/dd/yyyy): | |
| Parent/Legal Guardian: ☐ Yes ☐ No | Relationship to Student: | |
| Home Phone: | Work Phone: | Cell Phone: |
| Email: | May we text your cell phone number? ☐ Yes ☐ No | |
| **Second Parent/Guardian** | | |
| Parent Last Name (legal): | Parent First Name (legal): | |
| Parent Middle Name (full): | Parent Birthdate (mm/dd/yyyy): | |
| Parent/Legal Guardian: ☐ Yes ☐ No | Relationship to Student: | |
| Home Phone: | Work Phone: | Cell Phone: |
| Email: | May we text your cell phone number? ☐ Yes ☐ No | |

**School Based Health Centers Mobile Services**

School-based Health Centers Mobile Services (SBHC-MS) will be available at determined Bellevue Public Schools (BPS). These services will be provided by OneWorld Community Health Centers (OWCHC). The school nurse will coordinate care with the school-based health service providers once your child is enrolled.

SBHC-MS will coordinate care with your child's primary care provider, dentist, optometrist/ophthalmologist and/or behavioral health provider. If you have private health insurance or Medicaid, SBHC providers will bill your insurance carrier for services provided. If you do not have health insurance, the SBHC provider will assist families with enrollment in Medicaid, if eligible.

**School Based Health Centers Mobile Services**

**School Based Health Centers Mobile Services (SBHC-MS)**: ability to screen health status, test for, diagnose and treat common conditions, e.g., sore throats, minor injuries, headaches, immunizations, ear infections, and diseases such as hepatitis, tuberculosis and sexually transmitted diseases. Nebraska state law allows students to choose whether a parent will be notified of a student's care related to sexually transmitted infections. The SBHC will not provide emergency services. The SBHC-MS may provide behavioral and/or psychiatric services and may also include the use of telehealth technology.

To enroll your child in SBHC-MS and allow BPS to give SBHC-MS staff confidential information for diagnosis and treatment, a signed enrollment and consent form must be on file with BPS and the SBHC-MS provider. The SBHC-MS staff will attempt to contact you regarding your child's visit and services provided.

By signing this enrollment and consent form, you consent to the following:

- ***I authorize*** OneWorld Community Health Center to examine and treat my child with school-based health services, and I understand that no guarantee has been made as to the results of such examinations and treatments.
- ***I authorize*** BPS staff, including the school nurse, and United Way of the Midlands on behalf of BPS, to release the following student information to the School Based Health Centers identified above so that they can provide services and conduct program evaluation: family and emergency contact information, state student number, attendance and disciplinary records, schedule, immunization history, results of health screenings such as hearing and vision, psychological evaluations, special education (IEP-MDT) records, Section 504 Accommodation Plan, and information regarding any health condition, such as seizures, allergies, concussions or asthma.

**Dental Services**

**Dental Services**: Where required by law, BPS provides dental screening services conducted by parties contracting with BPS. Services may include oral health education, screenings, fluoride varnish application, preventative care/cleaning, restorative/corrective care, and use of telehealth technology. BPS may provide dental screenings in addition to those required by law. By signing this consent form, you consent to the following:

- ***I authorize*** OWCHC, Creighton and/or other contracted provider to examine and treat my child with dental screenings and follow-up treatment, and I understand that no guarantee has been made as to the results of such examinations and treatments.
- ***I authorize*** BPS staff, including the school nurse, to release the following student information to the identified dental service providers so they can provide services and conduct program evaluation: family contact information, state student number, schedule, and results of dental screenings.

This authorization expires when my child leaves BPS or graduates. I understand that I may revoke this authorization at any time by submitting a letter to the Bellevue Public Schools, Student Information Services, 2600 Arboretum Drive, Bellevue, NE 68005 or by checking the box to revoke below.

| | | | |
|---|---|---|---|
| **School Based Health Centers** | ☐ **No** | ☐ **Yes** | I authorize OneWorld Community Health Center to examine and treat my child as described above. I further authorize BPS to release information as described above. |
| **Dental Services** | ☐ **No** | ☐ **Yes** | I authorize my child to receive dental services through OWCHC and/or Creighton. I further authorize BPS to release information as described above. |

Parent/Guardian Signature _____ Relationship to Child _____ Date _____

Office Use Only: ☐ Verified ☐ Programs ☐ Sections Initials

Bellevue Public Schools shall not discriminate on the basis of sex, age, race, color, national origin, religion or disability in the educational programs or activities which it operates, and provides equal access to the Boy Scouts and other designated youth groups. Specific complaints of alleged discrimination under Title IX, Title VI, and Section 504 (disability) for staff should be referred to the Executive Director of Personnel and for students should be referred to the Director of Student Services. Reach either at 2600 Arboretum Drive, Bellevue, NE 68005, (402) 293-4000.

Attachment C

**ONE WORLD COMMUNITY HEALTH CENTERS**

**SCHOOL-BASED HEALTH CENTER MOBILE SERVICES**
**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION**

**Child Name: _____ D.O.B. _____**
**Personal Representative Name: _____**
**Address: _____ Phone: _____**

As the personal representative of a child enrolled in a school-based health center or mobile services operated by OneWorld Community Health Centers ("OneWorld"), I hereby authorize any physician, nurse practitioner, physician assistant, medical assistant or other health care staff of OneWorld to furnish records and to discuss details of my child's care and treatment at the school-based health center with certificated staff (school nurses, counselors, teachers, therapists, administrators) at Bellevue Public Schools (BPS). I hereby authorize the School Based Health Center staff to furnish records regarding my child's care and treatment to my Primary Care Provider(PCP)_____. This authorization is to be ongoing until terminated by me or until my child is no longer enrolled in BPS. The purpose of the disclosure by OneWorld is to provide BPS certificated staff and my PCP with information about my child's health status, medications, treatments and clinic visits which is important for my child's safety and to promote the health and educational success of my child.

**I understand and acknowledge that:**

1. OneWorld may NOT condition my child's treatment, enrollment, or eligibility for benefits at the school-based health center on whether I sign this Authorization.

2. Medical information that is disclosed because of this Authorization may be subject to re-disclosure by the recipient and no longer protected by State or federal law.

3. This authorization remains effective while my child is enrolled in the Bellevue Public Schools. This authorization automatically expires when my child is no longer enrolled in the Bellevue Public Schools.

4. I understand that I may revoke this Authorization at any time by giving written notice to the medical professional or medical assistant on duty at the school-based health center or mobile clinic where my child receives services.

5. I understand that my revocation is not effective as to disclosures already made and actions already taken based upon this Authorization.

6. I have received a copy of this document.

A photocopy or exact reproduction of this signed Authorization shall have the same force and effect as the original.

_____ _____
Signature of Patient or Patient's Personal Representative Date

_____
Relationship to Patient if Signed by Personal Representative