

Somersworth Student Health Center Enrollment and Consent Agreement

Please read the agreement below before filling and signing the form on the reverse side. Cut this section off and return it to the nurse or main office at Somersworth High School.

A parent or guardian must sign a consent form for any student, regardless of age, to receive services at the Somersworth Student Health Center. The Somersworth Student Health Center complies with all federal and state privacy regulations (HIPAA). Student health information will only be used for treatment and billing purposes.

I give consent for my child or student's health information to be shared with their primary care provider.

I understand that I am financially responsible for the services provided to my child.

I authorize the release of my child or student's information regarding the care, services or treatment received to any third-party payers for the purposes of billing.

I understand that:

- My student or child will not receive services at the Somersworth Student Health Center unless a consent form is on file, except in an emergency as allowed by the laws of the state of New Hampshire.
- This signed consent form will be considered valid for one calendar year.
- I may withdraw or discontinue the consent given in this form by submitting a request in writing at any time while my child or student is enrolled in the Somersworth Public School system.

GREATER SEACOAST COMMUNITY HEALTH

Goodwin Community Health
Families First
Lilac City Pediatrics

Goodwin Community Health is part of Greater Seacoast Community Health, a network of doctors, dentists, counselors, parent educators, home visitors and other caring health and family service providers, working as a team to treat the whole person.

Learn more at
GetCommunityHealth.org/about/SSHC



Contact Us



Phone
(603) 617-2750



E-mail
SHSSBHC@goodwinch.org



 GOODWIN COMMUNITY HEALTH

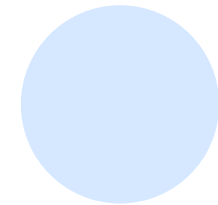
Somersworth Student Health Center 

physical. emotional. wellness.



Offering

Acute care, primary care, mental health care and more to students enrolled at Somersworth High School



(603) 617-2750



SHSSBHC@goodwinch.org

Quality Care.

Convenient Location.

The Somersworth Student Health Center is operated by Goodwin Community Health within Somersworth High School. It offers high-quality, whole-person health care to High School students with written consent from parents or guardians.

Through the Somersworth Student Health Center, students can receive care right at school, so they don't have to leave school, and you don't have to leave work.

If you are interested in enrolling your student at the Somersworth Student Health Center, please read, fill and sign the Enrollment and Consent form attached to this brochure and return it to the school nurse or main office at Somersworth High School.

We will keep your returned consent form on file and will provide the services you have consented to if requested by the student and deemed appropriate by the provider. You or the student may also contact us at (603) 617-2750 to schedule an appointment. For acute illnesses and injuries, the student will need to be evaluated by the school nurse before visiting the student health center.

Frequently Asked Questions

- **Do I need to sign a consent form if my student is over 18 years old?**
Yes. All students, regardless of age, need a signed consent form to receive services.
- **What are the hours?**
We offer appointments 3-4 days/week. Please call or visit our website to confirm our current hours.
- **Can a parent or guardian attend appointments?**
Yes.
- **Can my student or child receive care if we already have a primary care provider?**
Yes. We will coordinate with your provider.
- **How is payment handled?**
If the student has health insurance, we will bill the insurer. You may be responsible for copays or fees based on coverage. If the student does not have insurance, there will be a fee for service. For more information about costs, sliding fee scales, or help with insurance, visit our website at TinyURL.com/49kpa3z5

Services Available

- Acute care for illness and injury
- Primary Care: Wellness visits, vaccines, sports physicals
- Behavioral Health: Mental health counseling, substance-misuse counseling
- Sexual and Reproductive Health: Education, screening, testing, contraception
- Referrals for services not provided by the Somersworth Student Health Center

Somersworth Student Health Center Enrollment and Consent Agreement

Please read the agreement on the reverse side before filling and signing this form. Then, cut this section off and return it to the Somersworth High School nurse or main office.

By signing and agreeing to this form, I authorize and give consent for Goodwin Community Health to provide the following services to my child or student at the Student Health Center:

- Acute care for illness and injury
- Wellness visits
- Mental health screening, intervention, and counseling
- Sports physicals
- Vaccinations
- Sexual & reproductive health
- Substance-misuse counseling and treatment
- Referrals for services
- ALL OF THE ABOVE

Student's Legal Name _____

Date of birth _____

Sex assigned at birth _____

Name of Insurance Plan _____

Insurance ID Number _____

Primary Care Provider _____

Provider Practice Name _____

Provider Phone _____

Parent/Guardian Name _____

Phone Number _____

Home Address _____

Parent/Guardian Signature _____

Date _____

- By checking a box, you agree to be contacted about services.
- The student does not have health insurance.
 - The student has no current primary care provider.
 - Contact me about scheduling an appointment.