STUDENT NAME_____Date of birth_____

Insurance Information

Please attach a photocopy of your insurance card, if possible.

My student is covered by:

- ❑ No insurance
- ❑ MaineCare (Medicaid): Child's I.D. # _____
- ❑ Private Health Insurance:
  - o Insurance Company Name_____
  - o Insurance type_____
  - o Insurance Company Address_____
  - o Insurance Company Phone_____
  - o Child's policy #_____
  - o Group #_____
  - o Name of policy holder (insured)_____
  - o Date of birth of policy holder_____

HIPAA Compliance and Consent to Release Information to Insurance Carrier

The Blue Devil Health Center complies with Federal Laws related to the use and release of individually identifiable health information. Policies and procedures related to HIPAA compliance may be obtained at any time at the center. I acknowledge this information and authorize release of medical and related information obtained in the course of diagnosis and treatment to my insurance company or other third party payer for the purpose of obtaining payment for services rendered. This authorization excludes information that is protected under Maine State minor consent laws. Authorization may be withdrawn at any time by written notification.

_____ _____

Signature Date

Consent to Release Information to Primary Care Provider (Doctor or Nurse Practitioner)

Student's primary care provider:_____

I understand that School Health Center services are meant to compliment and not replace those services provided by my student's primary care provider and that all health-related information will be treated in a confidential manner. I authorize the Blue Devil Health Center to both release and receive information from my student's primary care provider as necessary to provide care. This release of information shall be in effect throughout the student's enrollment, unless revoked in writing. This consent does not include privileged information concerning treatment for substance abuse, sexually transmitted disease, HIV status, or mental health issues.

_____ _____

Signature Date