The CVHS-Crimson Clinic is a comprehensive, primary health care center located inside the Petersburg High School. Medical services will be provided by a Nurse Practitioner and Behavioral Health service will be provided by a Licensed Clinical Social Worker. In most cases services will be provided through face-to-face visits, but telehealth options for both medical and behavioral health may be made available as necessary, especially as we deal with the impact of COVID19. The Crimson Clinic is officially expected to open in mid to late September but services will be offered by other CVHS locations if consent and services are received prior to official opening or students returning to the actual classrooms.

The CVHS-Crimson Clinic will provide a limited variety of services, including physical exams; health care services for students who are sick (co-management with a child’s primary care provider on most health related issues) including asthma and diabetes; immunization updates; individual, group and family counseling, parent guidance; classroom education on wellness issues; crisis intervention; reproductive health services including: gynecological exams (Pap smears, family planning and sexually transmitted infection screenings); and diagnosis and treatment of sexually transmitted diseases; Referrals are made to community providers as needed.

A student must have a consent form signed by his/her parent or guardian to receive health center services. If the student is 18 years old or older or emancipated, he/she can sign his/her own Consent for Services form. A signed consent form will allow the student to remain an active member of the school-based health center if he/she is a student of the Petersburg High School.

The CVHS-Crimson Clinic, as in any health clinic or doctor’s office, will bill insurance or Medicaid, when available and if applicable, and the parent/guardian will be responsible for any copay or coinsurance. Patients who do not have any type of insurance, are encouraged to apply to the CVHS-Crimson Clinic for financial assistance through the sliding fee scale which is a discount program based on family size and income.

Under the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA), confidentiality between the student, parents and the health clinic are assured. Confidential information may only be shared in the following situations: when it is educationally relevant for a student’s academic progress, when necessary to address a student’s potential health care needs, to ensure the safety of the student, other students and school personnel or other situations specified by law. By law, some information requires the student’s signed consent prior to disclosure to anyone, including parents/guardians. Current Virginia Law requires confidential services to be available to minors in the following areas: pregnancy, sexually transmitted infections, HIV testing, behavioral/mental health counseling or substance abuse counseling. CVHS-Crimson Clinic staff will encourage every student to involve his/her parent/guardian in health care decisions.

The CVHS-Crimson Clinic, Petersburg City Public Schools and Virginia Commonwealth University will be working together on the evaluation of effectiveness of the School-Based Health Center Program on improving the health and educational outcomes of students of the Petersburg High School. If consent for the student is provided, health and education-related data will be collected and evaluated under strict confidentiality guidelines by FERPA and HIPAA. Most of the data is already collected by the school or healthcare provider and will be shared with research team for further analyses. You may also be asked to complete surveys about the program. A number will be used to identify responses to provide confidentiality. Students may be withdrawn from the study at any time without fear of losing services or benefits. Refusal to participate in the evaluation will not impact students or the programs and services provided through the school.
### Consent for Services

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
<th>Student ID or Social Security Number</th>
</tr>
</thead>
</table>

- **YES**, I consent for my child to receive **MEDICAL CARE** including routine well childcare (work, sports and annual physicals) appropriate immunizations, and treatment for illness or injury including over the counter medications unless emergency services are needed. (Note well childcare includes vision/hearing screening, urine and blood tests, immunizations as needed and an external genital exam when appropriate.\(^1\))

- **NO**, I do not wish for my child to receive **MEDICAL CARE** at the school-based health center (SBHC)

- **YES**, I consent for my child to receive **BEHAVIORAL/MENTAL HEALTH CARE**, including counseling, medication monitoring, and/or crisis intervention follow-up.

- **NO**, I do not wish for my child to receive **BEHAVIORAL/MENTAL HEALTH CARE** at the SBHC.

- **YES**, I consent for my child to receive additional services that are planned to be offered in the future:
  - Nutrition counseling for chronic conditions (obesity, diabetes, allergies)
  - Dental Services including preventative care, dental examinations, x-rays, sealants

- **NO**, I do not consent at this time for future services to be offered.

- **YES**, I consent for my child to participate in the securely managed, objective data evaluation of the impact of the Crimson Clinic on academic performance by VCU.

- **NO**, I do not consent for my child’s participation in the evaluation process.

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**Parent/Guardian Signature (or patient if 18 or older)**

<table>
<thead>
<tr>
<th>Parent/Guardian Name (Print)</th>
<th><em><strong>/</strong></em>/20__</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Phone (best)</th>
<th>Phone #2</th>
<th>Phone #3</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Street</th>
<th>Apt</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</thead>
</table>

I give consent for my child to obtain the services that I have marked in the boxes above. **I agree** to the terms and conditions regarding the payment for services and sharing of health information as explained in Consent for Services Information. **Consent in effect until terminated in writing** by Parent/Guardian.

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\(^1\) *Please note: in Virginia, minors may access confidential service for sexually transmitted infections and family planning without parental consent.*

Please return this completed form to the Crimson Clinic via the school office, by faxing to 509-692-3927 or scan/email to CCinfo@cvhins.org

Crimson Clinic Consent v2