



**Allergies**

- Yes  No Does your child have any allergies to food or medicine?
- Yes  No Does your child have any allergies to pine nuts or colophony (colophonium)?
- Yes  No Has your child ever had a reaction to latex?
- Yes  No Does your child have any heart problems?

**Consent for Health Services/Treatment**

I understand that I will be notified of any services my child receives, as well as any abnormal findings and/or further treatment recommendations. I give permission for my child to get dental screenings and fluoride varnish at the school site. I also understand I should contact the school nurse if I have questions about any necessary follow-up care or instructions. I understand this consent will remain valid throughout the 2017-2018, 12- month academic year unless revoked by me. **I may revoke this consent for treatment at any time by requesting in writing that to remove my child from receiving oral health screenings/services.** It is my responsibility to notify the school nurse of all updates or changes to my child’s health condition(s), immunization records, medications or insurance coverage. I give permission for Medicaid or CHP+ to be billed for the above services. I realize I can take my child to another dentist at any time. **I understand that this screening and the fluoride varnish treatment are preventative treatments, and cavities can still form without adequate oral hygiene and routine care.** Dental care will be performed by a Tepeyac’s hygienist.

**Privacy Practices & Authorization to Release Information**

HIPAA Notice of Privacy Practices: The notice provides information on use of your health information and rights. The notice outlines when we will release your health information with or without your consent. I understand that the full notice is available upon request. I also can view the notices online at: [www.clinicatepeyac.org](http://www.clinicatepeyac.org).

**Authorization to Release Information:** I hereby authorize Tepeyac to exchange information with Swansea Elementary school nurse(s), school counselor(s) and/or school social worker(s) for the exclusive purpose of treatment or care coordination. My child’s records are protected and can only be accessed by authorized users with restricted access. I understand this authorization will remain valid throughout the 2017-2018, 12-month academic year unless revoked by me. I may revoke this authorization at any time by providing written notice of my intent to revoke to oral health screenings/services

I also understand that my child’s personal information will be kept confidential and will not be shared with any person who is not directly involved in the care of my child. I also understand that I would need to sign a release for the information to be shared with anyone not directly connected to Clínica Tepeyac or the school as part of the Health Insurance Portability & Accountability Act (HIPAA). I also understand that I would need to sign a release for information about my child’s student education records with anyone not directly connected to Clínica Tepeyac or the school as part of the Family Educational Rights and Privacy Act (FERPA). **I understand that this screening and the fluoride varnish treatment are preventative treatments, and cavities can still form without adequate oral hygiene and routine care.**

**Privacy Practices & Authorization to Release Information**

Please check which insurance carrier covers your child or sign below if you don’t think your child has insurance. Some oral health screenings are provided at no cost to families whether or not a student has insurance or the ability to pay.

- Health First Colorado (Medicaid)  Child Health Plan Plus (CHP+) Plan ID #: \_\_\_\_\_
- The student does not have health insurance.  Private Insurance (other than Medicaid) Plan Name: \_\_\_\_\_

It is very important that everyone has a health care provider to see regularly for both sick visits *and* well visits. Clínica Tepeyac wants to help you find a medical home for all your primary care needs. Clínica Tepeyac prides itself in serving the community and providing quality medical care to all patients in need regardless of where they live, their income status (ability to pay) or their insurance plan. Our charges and fees are based on income.

Your family will be registered into our system and eligible to receive services. If you have any questions or concerns, please contact Clínica Tepeyac at (303) 458-5302 to speak with a team member.