



Southern West Virginia Health System

Lincoln Primary Care Center Inc.

Hello Parent(s)/Guardian(s),

Lincoln Primary Care Center/Southern West Virginia Health System provides school-based health clinic services at the school your child attends. For the 2025-2026 school year we are happy to announce that we will also be offering behavioral health services. This is a great benefit to many families because it allows your child to seek behavioral health treatment right at school thus decreasing the amount of time they are away from classroom instruction. If you grant permission for your child to be seen at the school-based health clinic for behavioral health services, you will receive a telephone call, or a note sent home each time they are seen at the clinic so you will clearly understand what was discussed with your child.

Behavioral Health Services do require a separate consent from the Medical Services' consent. If you would like to grant permission for your child to use the school-based health clinic for behavioral health services, you must complete the following attached forms and return them to school as soon as possible. Your child cannot receive services at the clinic unless these forms are completed and are on file at the clinic location.

- School Based Health Center Enrollment and Consent Form
- Notice of Privacy Practices Acknowledgement

The services of the clinics are provided in partnership with Lincoln Primary Care Center, Inc., and your local Board of Education. Please feel free to contact the school-based health clinic to learn more information about the services provided.



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School Based Health Center Behavioral Health Enrollment and Consent Form

Student Name: _____

Gender: Male Female Race: White Black Hispanic Other _____ Phone: _____

Address: _____
PO or Street City State Zip

Birthdate: _____ S.S.N. _____ Grade: _____ School: _____

HEALTH INFORMATION

- Physician's Name: _____ Phone# _____
- Does your student:**
Have any medication/drug allergies? If so, what are they allergic to? _____
Have any other allergies we should be aware of (eggs, bees, etc)? _____
Take any medications on a daily basis? _____
Have any chronic illnesses (Asthma, Diabetes, Anemia, etc.) _____
What specific mental health concerns do you have regarding your child? _____

PHARMACY INFORMATION

- Lincoln Primary-Hamlin SWVHS-Guyan Valley SWVHS-Man SWVHS-Sand Plant SWVHS-Dennis Pharmacy
 Other _____ Phone: _____

All medications will be called in to the selected pharmacy, unless otherwise requested.

PARENT(S) OR LEGAL GUARDIAN(S)

Parent or Legal Guardian: _____ Phone: Home _____ Work/Cell _____

Parent or Legal Guardian _____ Phone: Home _____ Work/Cell _____

Emergency contact: _____ Phone: Home _____ Work/Cell _____

Behavioral Health Services Provided by LPCC/SWVHS School Based Health Centers

* Psychiatric Evaluations

* Behavioral Health Modification Therapies

* Psychotherapy

* Psychiatric Medication Management

* Crisis Intervention

The Health Center will attempt to call a parent/guardian when the child is present at the Health Center to be seen. If we are unable to reach parent/guardian by phone, please indicate how you would like us to notify you that the student has been seen by the Provider.

Send a note home with the student.

Notify me by the patient portal.

Make a phone call to alert me that a note was sent home with a student.

Mail me the follow-up instructions.

I, the parent or guardian, gives consent for treatment of the behavioral health services listed on this form, while my child is a student of the Boone, Logan or Lincoln County Board of Education this school year.

- I am giving consent to LPCC/SWVHS SBHC to provide evaluation and/or other services that may be delivered through face-to-face and/or interactive telehealth in accordance with my child's established treatment plan.
- I understand that not all school-based health centers are in the school and my child may be seen in a building adjacent to the school building.
- I accept responsibility for payment of all charges and fees for services rendered by Lincoln Primary Care Center/Southern West Virginia Health System to the student listed above.
- I further authorize that any insurance benefits be paid directly to the institution which provided the services.
- I agree to the release and disclosure of medical information required to verify coverage or process insurance claims. LPCC/SWVHS will bill your insurance carrier on your behalf for charges related to the services provided by our employees in our facility. Please note that you are responsible for the full amount of your account that is not covered by insurance (except for certain government insurance plans). I understand that the services provided by the health center are billable to all insurance companies and I am responsible for any amount not paid by my insurance.
- I understand that all information about my child obtained by the behavioral health staff qualifies as protected health information and will be kept confidential and not release to anyone without the parent/guardians written consent, except as allowed by Federal or State Law
- LPCC/SWVHS participates with West Virginia Health Information Exchange (WVHIN). WVHIN allows providers, hospitals, pharmacies, and other health care providers and insurance companies to view all your available health records to provide you with better care to coordinate your care and/or to ensure proper payment is made for the services you receive. WVHIN's Health Information Exchange (HIE) may allow your providers to have access to life saving information in a medica emergency. By signing this form, I agree for my child to participate with the WVHIN's HIE.
- I authorize LPCC/SWVHS and its providers to access information about the student's prescriptions through a prescription exchange called SureScripts. This information helps the treatment team care for the patient in a safer and more efficient manner, especially if they are unable to tell the exact names and dosages of their medications.
- I authorize LPCC/SWVHS to share and receive my immunization information through West Virginia Statewide Immunization Information System (WVSIIS). I understand that WVSIIS is a confidential, computerized information system that keeps complete and up-to-date immunization records.
- I have been provided the opportunity to review LPCC/SWVHS Notice of Privacy Practices, which sets forth my rights and the obligations of LPCC/SWVHS concerning my Protected Health Information. I have the rights to request a copy of this Notice of Privacy Practices at any time.
- LPCC/SWVHS reserves the right to revise or amend its Notice of Privacy Practices at any time, in its sole discretion, without prior notice to me. I understand that, if LPCC/SWVHS elects to amend its Notice of Privacy Practices, LPCC/SWVHS will inform me of the change at my next regular visit. LPCC/SWVHS posts a copy of its current Notice in visible location within its offices, and it also is available on the LPCC/SWVHS website at www.SWVHS.org

I understand that I may withdraw consent at any time by contacting any member of the staff in writing or by phone.

Signature of Parent/Legal Guardian

Relationship to Student

Date