



# Gateway School-Based Health Center Programs



Medical, Dental, Optometry, Behavioral Health, Nutrition & Community Services  
Funded by the Department of Public Health  
Operating under the Hilltown Community Health Center, Inc.  
12 Littleville Road, Huntington, MA 01085  
(413)667-0142

## Why You're Receiving This Form

Your child's school partners with Hilltown Community Health Center to offer a School-Based Health Center (SBHC) to make it easier for students to get care without missing class. The SBHC provides medical, dental, behavioral health, optometry, and nutrition services—right at school.

By completing the enclosed enrollment form, you give permission for your child to access these services when needed. Our goal is to help every student stay healthy, learn better, and feel supported—all in one convenient place.

*For your child to use the School-Based Health Center Programs you must sign the consent form. Services will be provided only with parental consent except for emergency first aid or those required by the State of Massachusetts. I give consent for: My child to receive medical, behavioral health, eye care, dental care, and nutrition services at the School-Based Health Center. My Child's health information is to be shared with the school nurse, guidance counselors, primary care provider, and other health center or school staff as deemed necessary by the treating provider.*

**Please complete this form and return it to the school-based health center to enroll your child in services.**

Child's legal name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Best way to contact you during the day (select all that apply): phone \_\_\_ email \_\_\_ not available \_\_\_  
Phone (please include the number): \_\_\_\_\_  
Email (please include your email): \_\_\_\_\_

Child's School: Littleville    Chester    Gateway Middle School    Gateway High School  
Grade: \_\_\_\_\_

Please read each of the following questions carefully and answer each one completely. Please note that this is not a scheduled appointment, but enabling us to provide services if needed:

- Enrolling your child in Medical Care? Check one:            Yes    No
- If you answered Yes your child is eligible to receive medical services at SBHC. We are happy to explain the process.
  - Would you like HCHC to be your child's primary care provider? Check one:            Yes    No
    - If you answered YES to the primary medical care, acknowledge with your initials on the line provided, you acknowledge that you understand you are transferring your child's care and that SBHC will become their primary care provider. We will complete your child's medical exams, diagnostic testing, and treatment needed for the management of your child's health (after signed treatment plan is returned). Initial here: \_\_\_\_\_ Date of child's last well visit: \_\_\_\_\_
  - Enrolling your child in the Gator Grins Dental Program? Check one:            Yes    No

- If you answered YES to the dental program, acknowledge with your initials on the line provided that you understand you are transferring your child’s dental needs and SBHC will become their primary care dentist. We will complete your child’s dental cleanings, X-rays, and dental restoration (after signed treatment plan is returned).
- Initial here: \_\_\_\_\_ Date of child’s last cleaning: \_\_\_\_\_
- Enrolling your child in the Mobile Optometry Program? Check one: Yes No
  - If you answered yes to the optometry program, acknowledge with your initials on the line provided that you understand you are transferring your child’s eye care, and that SCHC will become their primary eye care provider. This includes eye dilation
  - Initial here: \_\_\_\_\_ Date of child’s last eye exam, if not with us: \_\_\_\_\_
- Enrolling your child in the Behavioral Health Program? Check one: Yes No
  - If you answered yes to the behavioral program, acknowledge with your initials on the line provided that you understand you are authorizing a behavioral health clinician to perform assessments and services to support your child’s health and well-being.
  - Initial here: \_\_\_\_\_

## Consent for Care

I give consent for my child to receive services at the School-Based Health Center offered by Hilltown Community Health Centers, Inc at Gateway RSD for the services that I checked “yes” to above. This care may happen in person or via a secure telehealth platform.

I authorize a licensed health care provider for the services I said “yes” to, permission to assess, diagnose, and treat my child. This may include exams, diagnostic testing, and treatment needed for the management of my child's health. I authorize a trained clinician to provide behavioral health support, including assessments and services to assist my child’s health and well-being.

I also consent to the exchange of my child’s health history between the school-based health center staff, school nurses, school counselors, and any other medical professionals as needed to provide quality care for my child. I understand that my child’s health record will be securely maintained by Hilltown Community Health Center. The HCHC privacy policy can be found on at: [www.hchcweb.org](http://www.hchcweb.org). This record is not part of the school’s files. Confidentiality will be observed between the staff and any child using the School-Based Health Centers. Limitations to confidentiality exist in the case of immediate risk of harm to self or others, or in cases of suspected child abuse or neglect.

I give consent for the SBHC team to access my child’s demographics in PowerSchool.

I understand that the school-based health center takes part in the Massachusetts Immunization Information System (MIIS). MIIS is a secure statewide system that keeps track of immunization records. I consent to the sharing and retrieval of my child’s immunization history with MIIS. If I want to limit who can see this information, I can ask for the “Objection to Data Sharing” form from my child’s provider.

I further authorize HCHC to collect health insurance information and release information regarding

treatment to third-party payors or others for purposes of billing and to comply with statutes and third-party regulations in accordance with accepted medical practice.

I understand that for certain confidential services (depending on age/state law) a student may consent themselves for services under Massachusetts law; however, I still understand the nature of the services and consent appropriately for minors as designated by law.

We use Nabla, an AI assistant, to help take notes during visits so we can focus on care. Nabla does not keep or store your personal health information—everything is processed in real time and then deleted. Do you consent to this use of technology during visits? If you say no, the provider will transcribe the information manually.  Yes  No

○ Initial here: \_\_\_\_\_

I understand that this consent will stay in place as long as my child attends a school with a Hilltown Community Health Center school-based health center program, unless I notify them otherwise in writing. If I have questions, I can call the school-based health center.

## Parents/Guardian Information

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Parent/Guardian Name

Parent/Guardian Date of Birth

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Parent/Guardian Phone Number

Parent/Guardian Email Address

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\*Signature

\*Date

### Language:

Do you require a translator, if yes, in what language: \_\_\_\_\_

### Medical Insurance Information (copies of insurance card needed):

Does your child have MassHealth Insurance coverage: Yes No

Private Insurance company name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

**Medical Information:**

Is your child's Primary Care Physician apart of the Hilltown Community Health Center (HCHC): Yes No

Name of your child's Non HCHC Primary Care Physician's Office: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of preferred Pharmacy: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Dental Insurance Information (copies of insurance card needed):**

If your child is new to our dental program what is your child's Previous Dental Office Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

MassHealth Dental Coverage: Yes No

Private Dental Insurance Company name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Does your child have any allergies: Yes No List allergies here: \_\_\_\_\_ List  
medications taken daily & any medical conditions your child has: \_\_\_\_\_

Continue to back side of this form

## Hilltown Community Health Center Locations

Please, choose where your child may also receive care.

### Huntington Health Center

50 Russell, Rd Huntington, MA 01098

 Phone: (413) 238-5511

Open Weekdays: 8:00 AM - 5:00 PM

### Worthington Health Center

29 Old North Rd Worthington, MA 01098

 Phone: (413) 238-5511

Open Weekdays: 8:00 AM - 5:00 PM

### John P Musante Health Center

70 Boltwood Walk Amherst, MA 01002

 Phone: (413) 835-4980

Open Weekdays: 8:00 AM - 5:00 PM

Hilltown Community Health Center is funded in part by the Massachusetts Department of Public Health and the US Department of Health and Human Services. Family Health Center does not

discriminate on the basis of race, color, age, sex/gender, disability, diagnosis, sexual identity, gender expression, national origin, religious or political beliefs.

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**Commonly asked Q&A about SBHC Programs:**

**Q: Do I need to be present for my child's SBHC appointment?**

A: No, for your convenience you do not need to be present.

**Q: Will I know when my child has a SBHC medical appointment?**

A: Yes, if your child is added to the SBHC medical schedule it is because you have either called to set up the appointment, or the school nurse or nurse practitioner has received your permission to schedule an appointment.

**Q: Can my child use SBHC medical if they have a primary care provider elsewhere?**

A: Yes! Absolutely, think of us as a limited urgent care. We can perform in-house laboratory tests like rapid strep throat and rapid flu and order outpatient x-rays and ultrasounds. We share all appointment visits with your PCP, unless you tell us otherwise.

**Q: How will my child's medical primary care provider know if my child is seen at SBHC?**

A: We will fax all medical notes to your child's primary care provider after they are seen, unless you have told us otherwise.

**Q: Will the Nurse Practitioner call me after my child's appointment?**

A: Yes, communication with each parent after a visit is very important. The Nurse Practitioner will call after each visit to discuss their findings and plan of action.

**Q: Will I know if my child has a dental appointment coming up?**

A: No, unfortunately due to changing school schedules, events, and testing it is not possible to reach out to each parent with a specific appointment time and date. If your child is absent, completing a test, on a field trip, or the teacher needs them to stay in class, they will be scheduled for the next dental clinic day. (clinic days are Tuesdays and Thursdays)

**Q: What does the Gator Grins Dental Program do?**

A: Gator Grins Dental program is comprehensive. Just like a typical dental office your child will be seen for their dental cleanings 6 months apart. We will automatically add your child to the schedule, guaranteeing their spot in the dental rotation. Your Child will have X-rays when necessary (annual and diagnostic) and cavities repaired (once you sign and return the recommended treatment plan).

**Q: What is your phone number and where are you located?**

A: To reach the SBHC Programs call (413)667-0142. We are in the HS/MS across from the security booth.

**Q: I have access to MyChart, when I receive a reminder about an appointment taking place at SBHC do I need to do anything?**

A: No, you do not need to do anything. All you must do is remember that if an appointment is moved, it is due to a scheduling conflict within the school. This could be for many reasons. Do not worry about whether an appointment is moved. We will see your child as soon as we are able, typically the next clinic day.

**Q: I gave permission for my child to be scheduled with optometry and or dental services, now what?**

A: We will add your child to the schedule to be seen as soon as possible. If you believe that an urgent visit is needed, please call the SBHC to make us aware of the specific concerns.

We want to thank you for choosing The School-Based Health Center for your child's needs, we appreciate you and your family tremendously