TECHE ACTION BOARD, INC. dba TECHE HEALTH
1115 Weber Street, Franklin, LA 70538
Phone: (337) 828-2550 / FAX: (337) 355-2335
www.techehealth.org

Dear Parent/Guardian/Student:

Please find enclosed a complete school-based health center (SBHC) packet. The SBHC is located in St. James High School. Should your child ever need medical or behavioral telehealth services, the SBHC staff are happy to provide those services to your student and assist your child in any way. We ask that you please fill out completely the **Teche Health School-Based Health Centers Department Consent Packet.**
Carefully read the **Explanation of Services and Fees for Services** and all the forms provided to you . Should you have any questions or concerns, please call, or visit the school-based health center at:
Phone: (225) 258-4980 Address: 22187 LA-20, Vacherie, LA 70090
Clinic hours are Tuesday, 7:00am – 3:00pm, except for school breaks and other district closures.
The St. James SBHC staff are:
Ashley Lee, Patient Services Representative (Front Desk) who will schedule with Teche Health medical and behavioral health providers.

Consent Policy:
Students seeking service/treatment in the SBHC must have written permission from a parent/legal guardian before services are rendered, in accord with the common standards of health care practices. Students who require immediate emergency/first aid health care will receive those services until the parent/guardian can be notified and he/she either authorizes continued care or demands the discontinuation of treatment. The signed consent form gives the SBHC permission to provide medical and behavioral health services to the child without contacting the parent/legal guardian each time the child visits the SBHC.
PROCEDURE

1. Parent/Guardian must fill out and sign the SBHC consent form before a student under the age of 18 may receive services.
2. Parents/guardians have a right to indicate the services they will allow or will not allow their child to receive in the SBHC.
3. If a student does not have a signed consent form on file, parents/guardians have the option to visit the SBHC in person to complete and sign the consent for treatment provided by the school-based health center.
4. Verbal consent from a parent/guardian is allowed **only 1 time** to provide emergency/urgent treatment with the assurance that the parent/guardian will complete and sign a consent form within a brief period of time. The form will be sent home with the student specifying a return date. No further treatment will be provided to the student without a signed consent form on file. Emergency/urgent cases will be referred to appropriate school staff and/or community-based resources.

After-Hours Care Procedures:
To obtain care outside of the normal operating hours of the school-based health center you may use the options below:
Call your family's primary care provider (i.e., pediatrician, nurse practitioner, general family medicine, etc.)
Call the Teche Health Clinic(s) within your parish
Call 911 for any emergency situation that requires immediate assistance from the police, fire department or ambulance
Call 988 (The Suicide & Crisis Lifeline) to be connected to a trained crisis counselor who will help you navigate a mental health and/or substance use crisis or any emotional distress
Service Area:
The SBHC is permitted to serve any students and staff of St. James High School. Any student and/or a parent/legal guardian may call or visit the SBHC to request a consent packet. School employees, administrators, family members, and community-based providers may call the SBHC to request a **Referral Form** be provided to them via mail, email, or fax.

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EXPLANATION OF SERVICES AND FEES FOR SERVICES
TECHE HEALTH - ST. JAMES HIGH SCHOOL-BASED HEALTH CENTER

Teche Health has partnered with the St. James Parish School District to offer tele-healthcare services in the **School-Based Health Center (SBHC) located on the St. James High School campus.** Teche Health has an agreement with the St. James Parish School District to provide quality, comprehensive, preventative, primary medical and behavioral tele-healthcare services to the students, faculty, and staff of St. James High School. This notice includes information about the SBHC and its services, and enclosed are the Consent Form and documents required should you choose to enroll your child/children in the school-based health center. Enrolling your child in the SBHC does not replace your child's current pediatrician or primary care provider.
Please keep this letter and refer to it when you need to. If you have any questions, please contact Karla Vappie, the SBHC Director, at (337) 828-2550, ext. 2236.

Pursuant to Federal law, Teche Health is not permitted to provide free services or waive or reduce patient co-pays/deductibles without proper documentation showing the patient is eligible for a **Sliding Fee Discount**. If you are interested in applying for a Sliding Fee Discount, please indicate this on the **SBHC Consent Form** and provide the necessary information to determine eligibility.

The SBHC must have parental consent prior to enrolling a student as a patient. A parent or legal guardian **must sign** the **Consent Form** and other documents that require signatures for the student to receive SBHC services. Once a parent/guardian signs these forms, the SBHC will provide services that the child needs or will refer to another provider as needed. The SBHC will attempt to keep parents informed of the services their child receives, however, signing the Consent Form gives the SBHC permission to provide medical and behavioral telehealth services to the child without contacting the parent each time the child visits the SBHC. No child is treated, counseled, or referred to another provider without a consent form signed by a parent/legal guardian, except in a life threatening emergency. In such emergencies, the SBHC will make every attempt to reach the parent.

The St. James SBHC is staffed with a Medical Assistant (MA), and a front desk receptionist (PSR). Medical and behavioral health providers are accessed via telehealth. All clinical staff members are licensed and/or certified professionals according to their job function. They work to keep your child healthy, in school and ready to learn. Feel free to call or visit the SBHC if you have questions at St. James High School (225) 258-4980

The services provided in the SBHC are the same as those provided in any medical office. We follow the Louisiana Medicaid/EPSDT and the American Academy of Pediatrics (AAP) recommendation that certain preventative healthcare services be provided at certain ages because they help prevent illness and keep children healthy. You may visit https://www.aap.org/periodicityschedule for the **Recommendations for Preventive Pediatric Health Care—Periodicity Schedule**
The SBHC will provide the following services to students at "no charge" because insurance plans specifically cover these services at no cost to their members:

- **Well child check-ups** in which the staff will:
  - measure student's height and weight
  - check if child weighs too much, too little, or are within normal range for their age and height
  - take blood pressure
  - draw blood or collect urine to be sure child does not have anemia, high blood sugar, lead poisoning, or other problems
  - test vision and hearing
- **Immunization**s – students can get their shots at the SBHC

All other services will result in a bill being sent to the insurance company and the parent only if we are required to collect any co-pay or deductible, after any eligible sliding fee discount is applied. If the SBHC refers the patient to another medical provider for a test or procedure that cannot be performed in the SBHC (i.e., X-rays, certain laboratory tests, etc.), insurance companies and families may get a bill from that provider.

The SBHC staff WILL NOT collect any co-pays or deductibles directly from students who present without a parent. However, the SBHC will send a **bill** to the insurance plan that is listed on the consent form and to the parents for any co-pay or deductible that is owed, after any eligible sliding fee discount is applied.

If a parent/guardian brings a student into the SBHC to be seen, staff will attempt to collect a co-pay or deductible at the time of service, after any eligible sliding fee discount is applied. If they cannot pay at time of service, they will receive a **bill** for the amount they are responsible for, and we will also bill the insurance plan.

If a staff or faculty member presents, the SBHC will collect the required co-pay or deductible from them, after applying any eligible discount. If they cannot pay at time of service, they will receive a **bill** in the mail for the balance they still owe, and Teche will bill the insurance plan.

Primary and preventive health care/comprehensive history and physical exam include:

- Well child check-ups where the staff will:
  - Measure students' height and weight
  - Check if they weigh too much, too little, or are just right for their age, weight, and height
  - Take their blood pressure
  - Draw some blood or collect some urine to be sure they do not have anemia, high blood sugar, lead poising, or other problems
  - Test their vision and hearing
- Immunizations – students can get their shots at the SBHC
- Nutrition- the staff will talk to students about health eating habits including eating good foods (like fruits and vegetables), and avoiding or limiting junk food
- Health education- the staff will talk to students about doing healthy things like using a bike helmet and seat belts and getting exercise. They will also ask about unhealthy habits that have caused students to be sick and if they need medicine to help. The staff will talk to them about stopping these unhealthy habits and how to get help to stop them.
- Comprehensive history means that the staff will ask students and/or parents about things like:
  - Past and current health
  - Past illnesses or times spent in the hospital
  - Any allergies to medicines
  - Prescribed medications
  - Diseases that run in the family, like high blood pressure or high blood sugar
  - Feeling sad, depressed, and angry
- A physical exam means that the staff may ask a student to get undressed and put on a hospital gown or sheet. Then the staff will check all body systems to be sure that the student is healthy in all areas. This is the same thing that would happen in a medical office.

Chronic disease management:

- If students have diseases like asthma or diabetes, the staff can help them stay on their medicines and help them if they get sick at school. The staff can also help students learn how to live with their illnesses without getting sick as often.

Acute/ emergency care for minor illness and injury and referral for serious illness or injury:

- The staff can provide care for cuts, headaches, colds, or other short-term problems
- The staff can manage emergency situations, like accidents on the campus
- The staff will be sure students get help from another practitioner or hospital if the SBHC cannot provide all the services the students need.

Behavioral Health services:

- The counselor conducts a risk assessment to assist in addressing the risk behaviors impacting health, well-being, and academic success in youth.
- The counselor talks to students about healthy coping skills
- The counselor talks to students about identifying and expressing feelings
- The counselor teaches students how to make good decisions
- The counselor helps students overcome feelings of sadness/depression and anxiety
- The counselor works with students by themselves or in groups on anger control, expressing emotions in healthy ways

SLIDING FEE DISCOUNT

As a Federally Qualified Health Center, Teche Health offers a **sliding fee discount** to all uninsured and underinsured individuals who qualify based on an approved **sliding fee scale**. This Sliding Fee Scale is based on the United States Department of Health and Human Services (HHS) Federal Poverty Guidelines and uses household size and income to determine eligibility. The Federal Poverty Guidelines assist Teche Health in assessing eligibility for individuals living at or below Federal Poverty Level (FPL). Teche Health offers 4 distinct categories (A, B, C, and D) of discount eligibility, with Category A patients begin assessed a nominal fee for services.

In order to apply for a Sliding Fee Discount, a patient **must** provide household size and proof of total household income at the time of service. Once eligibility is established, the patient's charges may be discounted down to only a nominal fee. All patients must submit proof of income each year, or more frequently depending on circumstances, in order to continue receiving discounted services.

2026 HHS FEDERAL POVERTY GUIDELINES

100% at or below FPL

Number of Persons in Family	Income Guidelines 100% and below FPL Category A	Income Guidelines 101 – 135% above FPL Category B	Income Guidelines 136 – 170% above FPL Category C	Income Guidelines 171-200% above FPL Category D
1	$15,960	$21,546	$27,132	$31,920
2	$21,640	$29,214	$36,788	$43,280
3	$27,320	$36,882	$46,444	$54,640
4	$33,000	$44,550	$56,100	$66,000
5	$38,680	$52,218	$65,756	$77,360
6	$44,360	$59,886	$75,412	$88,720
7	$50,040	$67,554	$85,068	$100,080
8	$55,720	$75,222	$94,724	$111,440
For each additional person, add	$5680			

It is a privilege and an honor to work with the St. James Parish School District, faculty, and staff to ensure that the students and families of St. James Parish High School have immediate and convenient access to high quality, comprehensive healthcare services within the school system.

SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES

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This is a summary of our Notice of Privacy Practices and generally describes how health information about you may be used and disclosed and how you can get access to this information. A complete copy of our most recent Notice of Privacy Practices (Notice) can be found on our website and is available from the Patient Service Representative desk. Please review it carefully. If you have any question about this notice, please contact Teche Action Board, Inc. at (337) 828-2550.

Who will follow this notice? All Teche Health facilities, sites and locations.

This Summary generally describes our Privacy Practices. All Teche Health sites and locations follow our Privacy Practices. In addition, these sites and locations may share health information with each other for treatment, payment, or health care operations purposes described in the Notice.

Our pledge regarding health information:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. The Notice applies to all the records of your care generated by this health care practice, whether made by your personal doctor, others working in this office or records received from external providers. The Notice will tell you about the ways in which we may use and disclose health information about you and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by HIPAA law and other federal privacy laws, including 42 CFR Part 2 when applicable, to:

- make sure that health information that identifies you is kept private
- give you this notice of our legal duties and privacy practices with respect to health information about you
- follow the terms of the notice that is currently in effect

How we may use and disclose health information about you:

The following categories describe different ways that we may use and disclose health information. By coming for care, you give us the right to use your information for treatment, to get reimbursed for your care, and to operate our organization. We may use and disclose your health information for treatment, payment, and health care operations as permitted by law. Certain information, including substance use disorder treatment records protected under 42 CFR Part 2, may require your written consent or be subject to additional restrictions before it can be shared.

There are also various other ways in which we may use or disclose your information:

- Appointment reminders
- To allow oversight of the quality of the healthcare we provide
- To allow workers' compensation claims
- As required by subpoena in lawsuits and disputes
- Various uses as required by law or to avert a serious threat to health or safety

Your Rights Regarding Health Information About You
You have the following rights regarding health information we maintain about you:

- ♦ Right to inspect and copy (retrieval and copying fees will be assessed)
- ♦ Right to an accounting of disclosure
- ♦ Right to request confidential communications
- ♦ Right to request an amendment
- ♦ Right to request restrictions
- ♦ Right to a paper copy of this notice

Additional Privacy Protections for Substance Use Disorder Records (42 CFR Part 2)

We are committed to protecting the confidentiality of substance use disorder (SUD) treatment records in accordance with HIPAA and 42 CFR Part 2. These federal regulations provide additional privacy protections for certain SUD records.

When these protections apply, we generally must obtain your written consent before sharing your SUD treatment

information, unless otherwise permitted by law. You have the right to revoke your consent, request restrictions on disclosures, and file a privacy complaint without retaliation. Your protected SUD records generally cannot be used against you in legal proceedings without your specific written consent or a qualifying court order.

Certain disclosures may be permitted without your consent as authorized by law, including medical emergencies.

Changes to our Notice:
We reserve the right to change our Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. Any revised Notices will be posted on our website and in our facility. In addition, each time you register for treatment or health care services we will offer you a copy of the current Notice in effect.

Complaints:
If you believe your privacy rights have been violated, you may file a complaint with us by contacting the Complaint Officer. All complaints submitted in writing may be mailed to: Teche Health Attn: Complaint Officer, 1115 Weber Street, Franklin, LA 70538 Or you may call (337) 828-0102. You will not be penalized for filing a complaint

YOUR RIGHTS AS A PATIENT

1. You have a right to impartial access to treatment regardless of race, ethnic origin, age, sex, religion, handicap, or ability to pay (according to a sliding fee scale).
2. You have a right to a reasonable response to your request for treatment within the scope of the organization's mission, capacity, and regulations.
3. You have a right to considerate, respectful care at all times with consideration of your psycho-social, spiritual, and cultural values and beliefs.
4. You have a right to participate in the development and implementation of your plan of care.
5. You have a right to personal and informational privacy. You have a right to confidential treatment.
6. You have a right to access any information contained in your medical record.
7. You have a right to expect reasonable safety and security and to know how this organization will respond to disruptive behavior.
8. You have a right to expect an appropriate assessment and management of pain, information about pain and pain relief measures.
9. You have a right to be informed of any research or experimentation that could affect your care. You may then decide whether or not you want to participate in it.
10. You have a right to obtain complete and current information concerning your diagnosis, treatment, and any known prognosis.

YOUR RESPONSIBILITES AS A PATIENT

1. You are responsible for providing accurate and complete information about your present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health.
2. You are responsible for reporting unexpected changes in your condition, including pain to the provider or nurse.
3. You are responsible for giving the clinic a copy of your advance directive, if one exists.
4. You are responsible for providing timely, accurate and complete information about your address, phone number, income, and insurance coverage to the clinic.
5. You are responsible for following the instructions and advice of your health care provider.
6. You are responsible for following the treatment plan with instructions recommended by your provider.
7. You are responsible for asking questions if you do not understand and clearly comprehend the contemplated course of action and what is expected of you.
8. You are responsible for notifying your doctor or nurse if you do not understand information about your care or treatment.
9. You are responsible for keeping all your scheduled appointments including appointments made by your provider for other tests and referral appointments for specialists.
10. You are responsible for canceling an appointment in advance if you are unable to keep it.