



Florida Department of Health in St. Johns County - Dental Clinic
School Based Sealant Program

(School)

No Cost to Parent

(Grade / Teacher)

Child's Name: Date of Birth: Sex: M F

Street Address: Zip Code:

Race/Ethnicity: White Black/African American Asian Hispanic

American Indian/Alaska Native Hawaiian/Pacific Islander Other

Child Insurance:

Medicaid? Yes No Other Insurance: Yes No Child Ins. Provider:

Child's Health History:

Yes No Has your child received a dental check-up or dental care within the last year?

Dentist Name:

Yes No Has your child been seriously ill? List all serious illnesses

Yes No Is your child allergic to ANYTHING? List

Yes No Is your child taking any medications? List all medications

Yes No Has your child ever been seen in a Hospital Emergency Room for a dental problem?

Yes No Is there anything else we should know about your child? If yes, please explain:

Parent or Legal Guardian Information

Mother or Father's Name:

Telephone: Home Cell Work

Legal Guardian Name: ** If legal guardian, see note below **

Telephone: Home Cell Work

To protect patient privacy, information about child's treatment can only be released to parents or legal guardians. I do hereby give consent to the Florida Department of Health in St. Johns County, 200 San Sebastian View, St. Augustine FL, 32084 to use or disclose protected health information for treatment or Insurance/Medicaid payment. I agree if my child has urgent dental needs, his/her health information can be shared with the school nurse.

By signing this form I acknowledge receipt of the Notice of Privacy Practices and give consent for my child to participate in this program.

Parent/Legal Guardian Signature: Date:

**Anyone other than a parent giving consent for treatment must provide legal documentation of guardianship. This program will be provided at your child's school. Your child may also be examined next year as part of our monitoring program. New sealants will be placed, if needed at no charge to parent. If you have any questions, please contact our office at 904-209-3250

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Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

SCHOOL BASED SEALANT PROGRAM

Please ensure to review and complete all required pages

Dear Parent/Guardian:

As part of the Public Health Dental Program's *Sealing Sunny Smiles Across Florida* initiative your child's school will soon be visited by the Florida Department of Health in St. Johns County's Dental Program. This is a joint effort of the St. Johns County School District and your local County Health Department to provide dental services to your child. Dental assessments or examinations will be provided to your child at your child's school. If indicated sealants and / or fluoride treatments to protect your child's teeth against decay may also be provided. Dental Sealants help prevent cavities on permanent back teeth. Sealants are safe, painless, and easy to apply and approved and recommended by the American Dental Association.

This program is FREE to parents and may prevent a child from developing tooth decay. We know that your time and the children's time in the classroom is very important. We will keep the children out of the classroom for the least amount of time possible. Every year, 51 million hours of school are missed due to dental pain and infection. Children with dental pain are unable to concentrate and perform well in the classroom. Keeping children pain free and cavity free is our number one goal.

Parents do not have to be present when the services are provided. No medication, shots, x-rays or local anesthesia will be administered to your child. We will provide you a follow-up letter to inform you of the services provided during the visit and what follow-up dental care is needed. These services are **not** a substitute for a comprehensive dental exam by a dentist.

Permission is required from a parent or guardian to participate in this program by filling out the required School Based Sealant Program consent form included in the package. **IMPORTANT: THE HEALTH HISTORY INFORMATION INCLUDED IN THE FORM MUST BE COMPLETED**

TO TAKE ADVANTAGE OF THIS OPPORTUNITY, PLEASE COMPLETE, SIGN AND RETURN THE FORM TO YOUR CHILD'S TEACHER IMMEDIATELY.

If you have any questions about the program please call the DOH-St. Johns Dental clinic at 904-209-3250.

THANK YOU.

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Protected health information includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number, social security number and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person.

Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearinghouse. The Department of Health can act as each of the above business types. This medical information is used by the Department of Health in many ways while performing normal business activities.

Your protected health information may be used or disclosed by the Department of Health for purposes of treatment, payment, and health care operations. *Health care professionals use medical information in the clinics or hospital to take care of you. Your protected health information may be shared, with or without your consent, with another health care provider for purposes of your treatment. The Department of Health may use or disclose your health information for case management and services. The Department of Health clinic or hospital may send the medical information to insurance companies, Medicaid, or community agencies to pay for the services provided you.*

Your information may be used by certain department personnel to improve the department's health care operations. The department also may send you appointment reminders, information about treatment options or other health-related benefits and services.

Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include:

- Reporting abuse of children, adults, or disabled persons.
- Investigations related to a missing child.
- Internal investigations and audits by the department's divisions, bureaus, and offices.
- Investigations and audits by the state's Inspector General and Auditor General, and the legislature's Office of Program Policy Analysis and Government Accountability.
- Public health purposes, including vital statistics, disease reporting, public health surveillance, investigations, interventions, and regulation of health professionals.
- District medical examiner investigations;

- Research approved by the department.
- Court orders, warrants, or subpoenas;
- Law enforcement purposes, administrative investigations, and judicial and administrative proceedings.

Other uses and disclosures of your protected health information by the department will require your written authorization. This authorization will have an expiration date that can be revoked by you in writing. These uses and disclosures may be for marketing and for research purposes, certain uses and disclosure of psychotherapist notes, and the sale of protected health information resulting in remuneration to the Department of Health.

INDIVIDUAL RIGHTS

You have the right to request the Department of Health to restrict the use and disclosure of your protected health information to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. The department is not required to agree to any restriction. However, in situations where you or someone on your behalf pays for an item or service in full, and you request information concerning said item or service not be disclosed to an insurer, the Department will agree to the requested restriction.

You have the right to be assured that your information will be kept confidential. The Department of Health will make contact with you in the manner and at the address or phone number you select. You may be asked to put your request in writing. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where we may contact you.

You have the right to inspect and receive a copy of your protected health information. Your inspection of information will be supervised at an appointed time and place. You may be denied access as specified by law. If access is denied, you have the right to request a review by a licensed health care professional who was not involved in the decision to deny access. This licensed health care professional will be designated by the department.

You have the right to correct your protected health information. Your request to correct your protected health information must be in writing and provide a reason to support your requested correction. The Department of Health may deny your request, in whole or part, if it finds the protected health information:

- Was not created by the department.
- Is not protected health information.
- Is by law not available for your inspection.
- Is accurate and complete.

If your correction is accepted, the department will make the correction and tell you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. The department will respond to your letter in writing. You also may file a complaint, as described below in the section titled Complaints.

You have the right to receive a summary of certain disclosures the Department of Health may have made of your protected health information. This summary does not include:

- Disclosures made to you.
- Disclosures to individuals involved with your care.
- Disclosures authorized by you.
- Disclosures made to carry out treatment, payment, and health care operations.
- Disclosures for public health.
- Disclosures to health professional regulatory purposes.
- Disclosures to report abuse of children, adults, or disabled.
- Disclosures prior to April 14, 2003.

This summary does include disclosures made for:

- Purposes of research, other than those you authorized in writing.
- Responses to court orders, subpoenas, or warrants.

You may request a summary for not more than a 6 year period from the date of your request.

If you received this Notice of Privacy Practices electronically, you have the right to a paper copy upon request.

The Department of Health may mail or call you with health care appointment reminders.

DEPARTMENT OF HEALTH DUTIES

The Department of Health is required by law to maintain the privacy of your protected health information. This Notice of Privacy Practices tells you how your protected health information may be used and how the department keeps your information private and confidential. This notice explains the legal duties and practices relating to your protected health information. The department has the responsibility to notify you following a breach of your unsecured protected health information.

As part of the department's legal duties this Notice of Privacy Practices must be given to you. The department is required to follow the terms of the Notice of Privacy Practices currently in effect.

The Department of Health may change the terms of its notice. The change, if made, will be effective for all protected health information that it maintains. New or revised notices of privacy practices will be posted on the Department of Health website at www.myflorida.com and will be available by email and at all Department of Health buildings. Also available are additional documents that further explain your rights to inspect and copy and amend your protected health information.

COMPLAINTS

If you believe your privacy health rights have been violated, you may file a complaint with the: Department of Health's Inspector General at 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/ telephone 850-245-4141 and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W./ Washington, D.C. 20201/ telephone 202-619-0257 or toll free 877-696-6775.

The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. The Department of Health will not retaliate against you for filing a complaint.

FOR FURTHER INFORMATION

Requests for further information about the matters covered by this notice may be directed to the person who gave you the notice, to the director or administrator of the Department of Health facility where you received the notice, or to the Department of Health's Inspector General at 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/ telephone 850-245-4141.

EFFECTIVE DATE

This Notice of Privacy Practices is effective beginning July 1, 2013, and shall be in effect until a new Notice of Privacy Practices is approved and posted.

REFERENCES

"Standards for the Privacy of Individually Identifiable Health Information; Final Rule." 45 CFR Parts 160 through 164. *Federal Register* 65, no. 250 (December 28, 2000).

"Standards for the Privacy of Individually Identifiable Health Information; Final Rule" 45 CFR Part 160 through 164. *Federal Register*, Volume 67 (August 14, 2002).

HHS, Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information and Nondiscrimination Act; Other Modifications to the HIPAA Rules, 78 Fed. Reg. 5566 (Jan. 25, 2013).