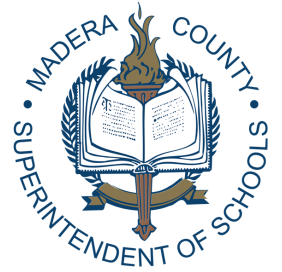


## Health Information Exchange & Consent Form

Madera County Superintendent of Schools (MCSOS) participates in the LEA Medi-Cal Billing Option and / or Child & Youth Behavioral Health Initiative (CYBHI) Fee Schedule programs that fund essential health and mental health services for students. By providing your consent, you allow us to secure funding from Medi-Cal or private insurers to help cover these services **at no cost to you. You will never be charged for services your student may receive.**



Your consent allows Madera County Superintendent of Schools' billing partner, to securely share necessary records with Medi-Cal or the CYBHI Fee Schedule third-party administrator(s). **All information is handled confidentially and protected under federal privacy laws, including FERPA and HIPAA.**

Completing this form ensures we can maintain and expand these services for all students. **It takes just a minute!**

---

### STUDENT INFO—PLEASE COMPLETE

---

SCHOOL: \_\_\_\_\_

STUDENT'S LEGAL NAME: \_\_\_\_\_  
First Last

STUDENT'S Date Of Birth: \_\_\_\_\_  
MM/DD/YYYY

STUDENT ID: \_\_\_\_\_  
If known

PRIMARY INSURER: \_\_\_\_\_  
Enter full name of Health Plan (e.g., "Kaiser Permanente Medi-Cal")

PRIMARY POLICY HOLDER: \_\_\_\_\_  
First Last

POLICY/MEMBER ID: \_\_\_\_\_  
If covered by Medi-Cal, use BIC Number

GROUP NUMBER: \_\_\_\_\_  
If known

IF YOU ARE NOT INSURED  I would like more information. Please release my name, address, and telephone number to an authorized insurance enrollment worker.

---

### CONSENT—PLEASE COMPLETE

---

Please review the information below and indicate your consent.

- **Only the appropriate health records** from my child's educational records will be released by MCSOS and our billing vendor to bill Medi-Cal and / or the CYBHI Fee Schedule program.
- The records will be **securely shared** with Medi-Cal and DHCS third-party administrators (TPA) for reimbursement, and all information will be kept **confidential in accordance with FERPA and HIPAA privacy laws.**

- I understand that **I will never be charged for these services.**
- I understand that **my consent is voluntary and can be revoked at any time.**

I **consent** to the release of my student's records, and access to their benefits, to insurance administrators / providers for billing purposes.

I **do not** consent to the release of my student's records, and access to their benefits, to insurance administrators / providers for billing purposes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

## FAQs - Billing for School-Based Services

- **What happens if i don't want to provide this information?**

*Your child may still receive no-cost mental health services at school. However, if you decide not to provide your child's health insurance information, your school cannot access this critical source of funding for schools.*

*If your child is eligible for special education services under the Individuals with Disabilities Education Act, they are entitled to receive mental health services and supports pursuant to an Individualized Education Program (IEP) or Individualized Family Service Plan*

*(ISFP). Your decision to provide (or not to provide) your child's health insurance information **WILL NOT** affect your child's eligibility for these services.*

- **Will the district ever bill me for the school-based services that my child receives?**

*No. Agreeing to provide this information to your child's school **WILL NOT** result in any costs for services being passed onto you or your family. These services are completely free and receiving these services in school **WILL NOT** affect your child's coverage under the health plan or insurer.*

- **How does it work?**

*The state of California partners with schools and health plans to make sure that students can get mental health and emotional wellbeing support in schools across the state.*

*Schools already offer an array of mental health services to meet the needs of students; however securing funding for these services can be a challenge*

*Under the Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program, California's health plans and insurers are now required to reimburse public schools (including K-12 school districts, Colleges, and Universities) for covered mental health services provided to students under the age of 26.*

***State law prohibits plans and insurers from passing any of the cost of these services on to families.** This means that the health plans and insurers will pay for mental health services provided to your child in a school-linked setting and there **WILL NOT** be any out-of-pocket expenses (e.g., co-payments, deductibles for you and your family.*

- **Will the information be kept Confidential?**

*Yes, the information that you provide to your child's school including health insurance information, is completely confidential. You and your child are entitled to privacy, confidentiality, and protections under the Family Educational Rights and Privacy Act, and federal law that protects the privacy of students' education records, and the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides the privacy and security of health information.*

*Your child's health insurance information will not be shared with any outside entities, except as necessary to enable you or your child's school district, college or University to receive reimbursement for mental health services provided to your child and/or family, or as otherwise permitted under state and federal law (e.g., reporting to the California Department of Health Care Services).*

- **How Can you Help?**

*In order to obtain this funding from the health plans and insurers, including the Medi-Cal program, your child's school district must submit a claim for reimbursement to the health plan or insurer. Your child's school may ask you for your health insurance information and/or the name of your child's health insurance company, your child's policy number, and the name of the parent or guardian that carries the health insurance coverage. Agreeing to provide this information to your child's school **WILL NOT** result in any cost for services being passed onto you or your family. These services are completely free and receiving these services in school **WILL NOT** affect your child's coverage under the health plan or insurer.*