

## 2017–2018 eHealth Information Release

I hereby authorize the release of information regarding my child's care to San Juan Health Partners Family Medicine or Aztec Municipal School District.

- The school nurse may disclose medically necessary and relevant information from my child's educational record to the eHealth medical provider.
- The eHealth medical provider may disclose medically necessary and relevant information from my child's medical record to the school nursing staff.
- The school nursing staff may share information from my child's educational record with school staff that has a legitimate educational interest as defined by school policy.
- Records from each televisit will be kept by San Juan Health Partners Family Medicine in Aztec (*not at the school site*).
- San Juan Health Partners Family Medicine office is authorized to share information from my child's televisit with our Primary Care Physician.
- New Mexico law allows a minor to give informed consent to certain health services without the consent of a parent and/or guardian which include contraception, testing and treatment for pregnancy, abortion services, testing and treatment of STDs and HIVs, and sexual assault services. Parents and/or guardians do not have access to these records without the minor's release.
- Staff may need to exchange information in your child's medical record or education file with others in order to better assess your child's healthcare needs, coordinate care, provide treatment or referral, or evaluate the services provided. Additional releases may be required if necessary.

This release is valid while the student attends the school listed on this form, unless it is revoked by the parent and/or guardian. In order to participate in the eHealth program, a new release must be signed when the student moves to a new school.



## 2017–2018 eHealth Registration

Student Name: \_\_\_\_\_  
Student SSN: \_\_\_\_\_ – \_\_\_\_\_ Student DOB: \_\_\_\_\_  
Student School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent and/or Guardian Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

If your child is seen by a provider at San Juan Health Partners Family Medicine with a telehealth visit, your insurance will be billed as described in our Financial Policy. Your copay can be paid through the Online Bill Pay link at [sanjuanregional.com](http://sanjuanregional.com) or you may pay by credit card.

Please complete these two forms and return them to:

San Juan Health Partners Family Medicine  
120 Llano Street  
Aztec, New Mexico 87410

or to your school nurse.

If your child requires treatment, you will be required to complete any additional paperwork.

Primary Care Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_

