Billings Senior High School-Based Health Center

Monday, Tuesday & Friday 7 am-4 pm
Wednesday & Thursday 8 am-5 pm

The RiverStone Health Clinic at Billings Senior High is here for you. We've got everything you need, right at school, to keep you feeling your best.

Katie Keith
Family Nurse Practitioner

Need to talk?
Behavioral health services available:
Thursday 8 am-5 pm • Friday 7 am-4 pm

Need to see a medical provider?
Clinic services available:
Monday 11 am-4 pm • Tuesday 7 am-noon • Wednesday 8 am-noon

What we offer

- Urgent care for when you're not feeling so great
- Regular check-ups
- Immunizations to stay healthy
- Treatment for minor injuries and illnesses
- Help managing ongoing health issues
- Sports physicals to get you game-ready
- Dental education and community referrals

We can refer you to counselors to help with mental health, whether it's dealing with anxiety, depression, substance misuse, or if you just need someone to talk to.

We're all about making sure you're okay, inside and out!

Have ?s

Download patient forms and learn more:
RiverStoneHealth.org/SchoolClinics
or call **406.247.2146**

FAQs

Do I have to pay? We care for everyone, regardless of your ability to pay. We accept most insurance plans.

How do I sign up? Fill out the enrollment forms before your first visit, or complete them when you come in.

RIVERSTONE HEALTH CLINIC
CONSENT FOR TREATMENT /ASSIGNMENT OF BENEFITS

Patient Name: _____ Birthdate: _____

I consent, request and authorize RiverStone Health Clinic to assess, evaluate, and provide care and treatment, including behavioral health ("Treatment") to the patient listed above, including any Treatment rendered via telehealth. Documentation of my Treatment will be a part of my RiverStone Health medical record. I understand that a licensed clinical pharmacist may also participate in my care and as part of my care team providing drug therapy management and other related benefits. Additionally, a Care Manager may assist with coordinating services and resources as outlined in my treatment plan. I may also receive Treatment from students and residents of academic programs who are receiving training at RiverStone Health, including, but not limited to, medical or dental students and medical or dental residents who may participate in my care under applicable supervision requirements. If I do not wish to receive Treatment from a resident or student, I understand it is my responsibility to communicate this wish to my provider. During the course of treatment, I understand that Artificial Intelligence (AI) capabilities may be used.

_____ (Initial Here) I authorize my health care provider and public health agency to collect and enter immunization records into the Montana Department of Public Health and Human Services' confidential Immunization Information System registry. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in medical care and treatment. In addition, children's immunization information may be released to childcare facilities and schools to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

I authorize RiverStone Health to access prescription history from outside sources, including but not limited to SureScripts.

I further understand that I am responsible for the costs of my care. I understand that RiverStone Health Clinic offers a Sliding Fee Scale based on family income; if I qualify for the Sliding Fee Scale, I acknowledge that I remain responsible for the remaining balance for my care. I hereby assign any of my health insurance benefits to be paid directly to RiverStone Health Clinic. I authorize the release of medical information related to the payment of those insurance benefits.

I acknowledge that RiverStone Health Clinic is a Patient Centered Medical Home. I will be asked to select a primary care provider and understand that I will be an active participant in my care.

Signature: _____

Date: _____

Updated 2024.08.01

School-Based Health Clinic

Patient Information Form

STUDENT INFORMATION

Student's Last Name: _____

Student's First Name: _____

Date of Birth: _____/_____/_____
Month Day Year

School: _____

Sex: ❑ Male ❑ Female Grade _____

Student Address:_____

_____

_____ _____ _____
City *State* *Zip Code*

Does the student communicate in a language other than English?

❑ No ❑ Yes: Language _____

Who is the student's regular doctor?

Name: _____

Is the student currently experiencing homelessness?

❑ No ❑ Yes

Racial Group: ❑ White ❑ African American ❑ Native American
❑ Asian ❑ Pacific Islander ❑ More than One Race

Ethnicity: ❑ Hispanic/Latino ❑ Not Hispanic/Latino

PARENT/GUARDIAN INFORMATION

Mother

Last Name: _____First Name: _____

Cell Phone # _____

Father

Last Name: _____ First Name: _____

Cell Phone # _____

Legal Guardian, If Applicable

Last Name: _____First Name: _____

Relationship of legal guardian to student
❑ Grandparent ❑ Aunt or Uncle ❑ Other: _____

Contact Information for parent or guardian

Home Tel: _____Work Tel: _____

Cell: _____

Additional Emergency Contact

Name: _____

Relationship to Student: _____

Home Tel: _____ Work Tel: _____

Cell: _____

INSURANCE INFORMATION

Does your child have Medicaid or HMK/CHIP?

❑ No ❑ Yes: Medicaid ID # _____

Does your child have coverage through your employer or any other type of health insurance?

❑ No ❑ Yes, Health Plan: _____

Member ID/Policy Number: _____

If your child does not have health insurance, would you like a Certified Application Counselor to contact you to enroll into health insurance?

❑ No ❑ Yes

PREFERENCES

Does your child have a regular dentist?

❑ No ❑ Yes: Name_____

Preferred Pharmacy:

Name:_____

Location:_____

Do you wish to apply for our sliding fee scale which is based on income and family size? ❑ No ❑ Yes

If yes: Household Annual Income _____

Number of people in home _____

RiverStone Health provides high-quality healthcare.
Everyone is welcome, regardless of ability to pay.

- We are **accepting new patients**
- **Sliding fee scale** based on income & family size
- We **accept** private insurance, Medicare & Medicaid
- **Same-day appointments** for urgent care
- Schedule **TeleHealth** visits from home
- **Pharmacy** offers curbside pickup & mailed prescriptions
- **Dental Clinic** provides dental care for all ages
- **Behavioral Health** for all ages

Did you lose your Health Insurance Coverage? Our care managers can help: 406.651.6540

RiverStone Health Clinic
Call us: 406.247.3350

Medical Care | Dental Care | Behavioral Health | Pharmacy

WIC Signup: WIC offers help for pregnant women, new moms, infants and kids under 5. **406.247.3370.**

RiverStone Health Healthcare for the Homeless: 2424 First Ave. North. Walk-ins welcome. **406.651.6560.**

Immunization Clinic: Stay healthy this school year and stay current on infant, childhood and adult immunizations. Schedule an appointment online: **RiverStoneHealth.org/immunizations** or call **406.247.3382.**

123 South 27th Street, Billings MT • 406.247.3200 • RiverStoneHealth.org

Please fill out and return bottom half

RiverStone Health Clinic Dental Survey

Child's Name: _____

Parent/Guardian Name: _____

Does your child have a dentist?

☐ Yes: Name _____ ☐ No

Has your child been to the dentist in the last year?

☐ Yes ☐ No

Are you interesting in having your child see Riverstone Health providers for dental exams, cleanings and sealants?

☐ Yes ☐ No

Revised: 8-19-24

Patient Health Information
School-Based Health Clinic

Name: _____ Date of Birth: ___/___/___

Do you have **ANY ALLERGIES** or **SENSITIVITIES**: ❑ Yes ❑ No If yes, please list below:

_____ _____ _____

_____ _____ _____

Medications: List medicines, birth control pills, herbal supplements or vitamins you take with or without a prescription:

_____ _____ _____

_____ _____ _____

_____ _____ _____

Illnesses: Please ☑ where you or members of your family (parents, grandparents, siblings) have had the following diseases or problems:

Patient	Family	Who		Patient	Family	Who	
❑	❑	_____	ADHD	❑	❑	_____	High Blood Pressure/Hypertension
❑	❑	_____	Alcoholism	❑	❑	_____	Kidney/Bladder Problems
❑	❑	_____	Anxiety	❑	❑	_____	Liver Disease, Hepatitis, Yellow Jaundice
❑	❑	_____	Asthma	❑	❑	_____	Mumps, Measles, Chicken Pox
❑	❑	_____	Bleeding Disorder or Blood Clots	❑	❑	_____	Mental Illness
❑	❑	_____	Cancer or Tumor	❑	❑	_____	Stroke
❑	❑	_____	Diabetes	❑	❑	_____	Suicide Attempt
❑	❑	_____	Domestic Violence	❑	❑	_____	Thyroid Disease
❑	❑	_____	Drug Abuse	❑	❑	_____	Tobacco Use
❑	❑	_____	Eczema				
❑	❑	_____	Emphysema			Other Illnesses:	
❑	❑	_____	Epilepsy/Seizures	❑	❑	_____	_____
❑	❑	_____	Eye Problems	❑	❑	_____	_____
❑	❑	_____	Glaucoma	❑	❑	_____	_____
❑	❑	_____	HIV/AIDS	❑	❑	_____	_____
❑	❑	_____	Heart Disease	❑	❑	_____	_____

_____ _____

Patient/Guardian Signature Date

RiverStone Health Clinic
Patient Bill of Rights & Responsibilities

As a patient, you have the *right* to:	As a patient, you have the *responsibility* to:
Have access to information about your rights and responsibilities. Your family or guardian may exercise your rights if you are judged incompetent or are a minor.	Provide correct and complete information about your medical problems, past illnesses, medications, advance directives and other health issues. Keep the agency informed of changes in name, address, phone number or financial information
Be treated without regard to race, color, religion, sex, handicap, gender preference, national origin, or decision regarding advance directives.	Agree to accept all caregivers without regard to race, color, religion, sex, handicap, gender preference, or national origin.
Be given information about charges for services, including your eligibility for sliding fee scale with income verification.	Be complete and honest in providing income and insurance information. Keep your financial commitments.
Not be physically abused or exploited. Be treated with respect, consideration, dignity and privacy.	Treat staff and other patients with respect and consideration.
Be given information about services available and participate in decisions regarding your care.	Participate in your care. Let your provider know if you do not understand something. Ask questions.
Be given name and job title of each staff member who provides services to you.	Let us know ahead of time if you are unable to keep an appointment.
Participate in decisions regarding your care including decisions about your treatment. You have the right to refuse to participate in experimental research.	Follow your treatment plan. Let your provider know if you are unable to keep your plan.
Be told of the consequences of your actions, if you communicate to your provider that you are refusing treatment.	Accept the consequences if you refuse treatment or if you choose not to follow your treatment plan.
Have protected health information be handled in a private manner and be able to receive a copy of your clinical record if requested.	If you request a copy of your record, there is a fee for this service.
Choose your provider or change your provider at RiverStone Health. Choose or change the provider you are referred to outside of RiverStone Health.	Follow your treatment plan as agreed with your provider. Take medications as directed by your provider. Keep your provider informed of changes in your health.
Voice complaints or suggestions without discrimination or fear of reprisal. Complaints may be made orally or in writing to the Program Manager.	Let the agency know of any problems or if you are unhappy with care or services.
Be informed about making an advance directive (what you want to happen at end of life if you are unable to express your wishes).	Give your provider a copy of your advance directives.
Know what to do in an emergency or after hours.	Take steps to maintain your health when you can. Provide a responsible adult to transport you home from the facility and remain with you for 24 hours, if required by your provider

I have received a copy of the Patient Bill of Rights.

_____ _____

Patient Signature or Guardian Date

RiverStone Health Clinic
Patient Bill of Rights & Responsibilities

Service Locations:

RiverStone Health Clinic- Billings
RiverStone Health Clinic- Bridger
RiverStone Health Clinic- Joliet
RiverStone Health Clinic- Worden
Medicine Crow School Clinic
Orchard School Clinic
Billings Senior High School Clinic
RiverStone Health Dental
RiverStone Health Healthcare for the Homeless – HCH Base Clinic
RiverStone Health Healthcare for the Homeless – St. Vincent DePaul

After Hours:

After hours coverage is available for special problems by calling 406.247.3350 and following the instructions given. Patients with medical emergencies should call 911 or go to a local Emergency Room.

Questions or Concerns Regarding Services:

If you have questions or concerns regarding the care or services you received, you have the right to contact the following:

RiverStone Health Clinic- Billings 406.651.6513

RiverStone Health Clinic- Bridger 406.247.3264

RiverStone Health Clinic- Joliet 406.247.3264

RiverStone Health Clinic- Worden 406.247.3286

Medicine Crow School Clinic 406.651.6424

Orchard School Clinic 406.651.6424

Billings Senior High School Clinic 406.651.6424

RiverStone Health - Dental 406.651.6470

RiverStone Healthcare for the Homeless 406.651.6575

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have been offered a copy of RiverStone Health's Notice of Privacy Practices that is in effect as of August 1, 2024, in electronic or paper form. I understand I can access a copy of our Notice of Privacy Practices at www.riverstonehealth.org

Patient Signature	Date
Signature of Patient's Representative	Date