

Rales Health Center Quality Improvement & Evaluation

In partnership with KIPP Baltimore, an important goal of the Rales Health Center is to understand whether providing health care in schools helps keep kids healthier and helps them be better learners. To do this, we conduct quality improvement. We look at whether students who enroll in the Rales Health Center have fewer health complaints, or have fewer trips to the hospital and emergency department. Since we want to understand if getting care in the School Based Health Center helps children perform better in school, we also may link health records to academic records. We might look at things like attendance, grades, test scores, and disciplinary events for the years your child is enrolled at KIPP. We may look at CRISP, the Maryland state health information exchange, which has information about whether our patients visit the emergency department or are hospitalized **for the years your child is enrolled at KIPP**. For quality improvement and evaluation, students are identified **only** with ID numbers, not names, to protect their confidentiality.

Examples of the kinds of questions we are trying to understand include:

- Do students with asthma who enroll in the Rales Health Center have fewer trips to the emergency department because they get care in school?
- Do students with asthma who enroll in the Rales Health Center miss fewer days of school?

If you **do not** want to have your child's academic information linked with their School Based Health Center medical record to evaluate the Rales Health Center (using an ID number), you have three choices:

1. You can opt-out of having your child's academic information linked to their School Based Health Center medical record information.
2. You can opt-out of having your child's academic information linked to their CRISP information for evaluation by signing below.
3. You can choose not to enroll in the Rales Health Center.

Questions? Please contact the health center at (410) 396-7844.

If you agree, you do not need to do anything. If you do not agree, check below:

- I do not want my child's CRISP data on emergency department use and hospitalizations accessed for evaluation purposes.
- I do not agree to have my child's School Based Health Center medical record and academic records linked for evaluation of the Rales Health Center.

Parent/Guardian Signature

Date

Child's Name: _____ Grade: _____ Date of Birth: ___/___/_____