



School Nurse Behavioral Health Consultation Service Enrollment

This service is free and open to any School Nurse currently practicing in Nebraska. To enroll, please read the following Terms and Conditions, sign and date, and email completed form to Andrea Riley andrea.riley@nebraska.gov.

Terms and Conditions:

When signed, these Terms and Conditions constitute a binding contract between you and the Board of Regents of the University of Nebraska for and on behalf of the University of Nebraska Medical Center (UNMC). By use of consultation services through the School Nurse Behavioral Health Consultation Project, you are agreeing to follow these Terms and Conditions and be bound by them. If you do not agree to these Terms and Conditions, do not use the School Nurse Behavioral Health Consultation Project services. UNMC reserves the right to update or modify these Terms and Conditions at any time and without prior notice. Your use of this website and the NEP-MAP services following any such change(s) constitutes your agreement to follow and be bound by the Terms and Conditions as updated or modified.

1. The NEP-MAP School Nurse Behavioral Health Consultation Project is not an emergency/referral service. Emergency consultations over the phone or in person are not provided. For emergency intervention, contact the most appropriate local emergency service. The NEP-MAP School Nurse Behavioral Health Consultation project is educational in nature, benefitting the practice of school nursing.
2. The NEP-MAP School Nurse Behavioral Health Consultation Project provides education and information to you concerning evidence-based best practices in non-pharmacological management, communication with and between families and providers, and considerations within the scope of practice of the Registered Nurse. The School Nurse retains full responsibility for all actions undertaken.
3. When making contact with Dr. Mathews during Office Hours, Dr. Mathews will confirm enrollment status with you, which means you have completed these terms and conditions, and have been assigned an enrollment number. If you make contact with Dr. Mathews and cannot confirm enrollment status, Dr. Mathews will direct you in how to accomplish this quickly and conveniently.
4. A provider-patient relationship is not created between Dr. Mathews and any student as a result of consultation. Identifying information on any student should not be disclosed in the consultation. Nor does Dr. Mathews have any consultative relationship with the school. Timely educational phone consultations with Dr. Mathews are provided to inform the practice of the School Nurse developing Individualized Healthcare Plans and working with students, families, and staff members to support the student in optimal learning success. The School Nurse is responsible at all times for adhering to the



privacy rights of the student. The School Nurse is responsible at all times for all actions taken pursuant to or regardless of the consultation.

5. You agree not to share any protected health information with the NEP-MAP School Nurse Behavioral Health Consultation Project. No medical records will be created or maintained by Dr. Mathews. Dr. Mathews will record only the zip code of the School Nurse and the general topic of the consultation.

6. Under no circumstances shall UNMC or the University of Nebraska or any of their respective employees, directors, officers, agents, vendors or suppliers be liable for any direct or indirect losses or damages arising out of or in connection with the NEP-MAP School Nurse Behavioral Health Consultation Project services or use of the TBHC website. The website and the information contained therein is operated by TBHC on an as-is, as available basis, without representations or warranties of any kind. To the fullest extent permitted by law, UNMC and the University of Nebraska disclaim any and all representations and warranties with respect to the website and its contents, whether expressed, implied or statutory, including, but not limited to, warranties of title, merchantability and fitness for a particular purpose or use. Without limiting the foregoing, UNMC and the University of Nebraska do not represent or warrant that the information on the website is accurate, complete, reliable, useful, timely or current or that the website will operate without interruption or error.

7. As part of the NEP-MAP School Nurse Behavioral Health Consultation project, you will be invited to complete a feedback survey following the call. This can be done anonymously. In addition to the initial feedback, School Nurses who wish to participate will be invited to share individual contact information in order to complete a six-month follow up survey.

8. If a School Nurse fails to comply with the terms of the program, or is practicing according to what are deemed to be unsafe practices or practices contrary to NEP-MAP recommendations or the patient's best interests, that School Nurse will be asked to leave the program.

9. These Terms and Conditions shall be governed by the laws of the State of Nebraska without regard for its conflicts of laws provisions.

I have read the above and agree to be bound by these Terms and Conditions.

Name (printed): _____ Date: _____

Signature: _____ School Zip Code: _____



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Pre-consultation questions:

The following questions are not required for enrollment but will aid in preparation for your consultation.

What topic(s) would you like to discuss? Please provide a general focus area (i.e. medication side effects, strategies to help with anxiety, etc). Do not include any personally identifiable health information.

What day and time do you anticipate accessing the consultation service? Office hours are Tuesdays from 2-4 pm Central Time beginning 1/5/21.

How would you prefer to access the service?

Telephone _____
Videoconference (Zoom, etc) _____
No preference _____

Please send completed forms to andrea.riley@nebraska.gov.

Once received, you will receive a confirmation email with your user number and Dr. Mathews contact information. You may then contact her during stated office hours.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services, award #U4CMC32322, and the Nebraska Department of Health and Human Services (NEDHHS). The contents of the project are the responsibility of project partners and do not necessarily represent the official views or endorsement of HRSA or NEDHHS.

School Health Program Purposes Only:

Date Received: _____ User Number Assigned: _____