



ST. PAUL'S SCHOOL

**HEALTH
SERVICES**

2017-18

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Clark House

The philosophy of Clark House is based on a developmental understanding of early, middle and late adolescence. Each of these stages, for our 13 to 19 year olds, requires specific knowledge related to their physical, cognitive, social, emotional and moral growth. Kindness, courtesy, and humane discipline form the core values from which we provide nurturing care, while encouraging students to take advantage of the School's opportunities. We recognize the need for limits and boundaries as well as offering a place for comfort. Clark House provides a relaxed, quiet atmosphere in which students may recover from illness or injury as well as develop a necessary and healthy balance in their lives.

Clark House is centrally located on the grounds of St. Paul's School, across from the Chapel and Ohrstrom Library and between the Rectory and Post Office, allowing for easy student access. Clark House consists of an inpatient and outpatient wing, counseling offices, health resource library, conference room, and meditation room. From this site, we provide and coordinate our medical, counseling and wellness services.

Clark House health center provides medical and mental health care for students enrolled at St. Paul's School. While we cannot serve as a substitute for a child's primary care provider, we can offer resources that support students' medical and mental health needs in a private setting while they are at SPS. For acute situations that require specialty care, referrals can be made locally. If a student's care falls beyond what Clark House can provide, rendering the student(s) incapable of functioning independently in this setting and/or jeopardizing his/her ability to be safe to self and others, that student may be sent home for ongoing, more specialized follow up. Students at St. Paul's are expected to have the skills necessary to function independently at a fully residential school. These skills include self management (self regulate sleep, time management, medication management, accessing health care, and organizational skills), relationship skills and positive decision making. When a student's condition negatively impacts these areas of functioning, a separation from the school until skill restoration may be warranted.

Parents can reach Clark House 24-hours-a-day by calling 603-229-4850 or e-mailing anurse@sps.edu.

INFORMED CONSENT

As a condition of enrollment, parents and students are required to sign the Informed Consent form. This consent also authorizes a student's participation in health and wellness programs. Upon turning 18 years of age, as a condition of continued enrollment, students are required to sign the Informed Consent which then gives Clark House permission to discuss student's medical care with their parents or legal guardians.

HEALTH CENTER REPORTING

It is the policy of Clark House to comply with all applicable federal and state reporting requirements. Clark House staff is knowledgeable on all applicable reporting requirements including, but not limited to, requirements relating to communicable diseases, child abuse, Safe School Zones, hazing, and injuries caused by criminal acts. Clark House provides regular training to its staff on applicable reporting requirements and establishes internal procedures to facilitate compliance. For more information, please refer to the St. Paul's School Reporting Expectations and New Hampshire Mandated Reporting Laws and your Informed Consent form. When a mandatory report is required, Clark House staff will also report the information internally to the vice rector for school life and the Dean of Student's Office.

CONFIDENTIALITY OF HEALTH-RELATED INFORMATION

Clark House personnel maintains the confidentiality of all health-related information within its care or custody. Clark House personnel will not release any individually identifiable health-related information without written consent of the parent or the student in cases where the student's consent is required by law. Clark House personnel will release health-related information if required to do so by law (e.g. mandatory reporting).

As a condition of enrollment, parents and students must sign the School's Informed Consent policy, which allows the Medical Director to share limited information on a need to know basis with employees of the school. To release information to other agencies, parents and students must provide written consent to release any medical or health information (including information related to drug/alcohol evaluation and random drug testing results) to the following (1) any health care professional, including counselors providing treatment while the student is attending St. Paul's School; and (2) any persons necessary to process insurance claims. Clark House will disclose only the minimum information necessary to achieve the purpose for which it is released.

Clark House will maintain appropriate administrative, technical and physical safeguards to protect the security of all health-related information within its care or custody. Clark House will retain medical information for seven years[TF2] after a student graduates, at which time paper information will be destroyed and electronic information will be purged/erased.

St. Paul's School can provide medical clearance only for programs that are affiliated with the School. For all other programs and travel, domestic and foreign, please refer the necessary forms to your child's primary care provider.

REPORTING PERSONAL OR HEALTH-RELATED ABSENCES TO SCHOOL

Because of the confidential nature of personal or health-related absences, St. Paul's School leaves responses to such questions to the discretion of students and their

families. St. Paul's School health officials may contact college health personnel with information regarding a student's condition, where appropriate, and with the consent of the family. This contact is made after the college application process is completed.

The College Office strongly encourages students who have taken an extended leave (more than three weeks) to submit a written explanation to the colleges explaining the absence. This leave will also be reflected in the number of credits on the student's transcript. Students should review these statements with their college adviser prior to submitting them to colleges.

MEDICAL SERVICES

Clark House is directed by a full time physician, board certified in family practice, who is a member of the faculty and serves as Medical Director. In addition, a female health practitioner is available as needed to focus on young women's health issues. The health center is open seven days a week when school is in session and is staffed 24 hours a day by registered nurses. Clark House has 14 patient beds, 8 of which are dedicated to in patient care and six for out patient rest and observation. Assessment and treatment are provided for routine, acute, and ongoing concerns. Permanent AEDs (automated external defibrillators) are strategically located throughout the grounds; portable AEDs are carried by our Safety officers and athletic trainers. In addition, Concord Hospital, Dartmouth Hitchcock Clinic, and Concord Orthopedics are less than a mile from the School's entrance, which allows for easy referral to a variety of specialists.

In order to provide safe, high quality treatment, the School must have on file all medical information relating to each student. Parents and students must provide the School with the following information/forms prior to attendance: proof of insurance, Informed Consent, Physical Exam/Immunization Record, Health Record, Authorization for Medication, and Counseling Consent. As a condition of enrollment, all forms must be completed, signed and received at Clark House by their respective dates.

Students with plans to travel internationally, independent of an SPS sponsored trip, are responsible for directly consulting with their personal physician or a travel clinic to provide required/recommended immunizations. If these services must be provided in the Concord or surrounding area, a three month notice is required for Clark House to facilitate an appointment or referral. Clark House is unable to provide this service as well as completing physical exams for outside camps, sports, academic programs, and college forms.

STUDENT ILLNESS

Students can access Clark House health center 24 hours a day, 7 days a week during the school year. During the day, we encourage students to schedule a time or "walk in" during a free period as to avoid missing class time or other commitments. If, however, a student is too ill to participate in their usual school activities, they can access the health center at any time. After a student has checked

into their house for the evening, if a student must access the health center, that student should speak with an adviser and be accompanied to the health center by an adult or call Safety at x4646 to be transported. If a student needs to access care during the night, they should not leave their dorm room unaccompanied, but instead should call Safety to be picked up at the dorm and then transported. If a student is feeling ill and believes and needs to miss Chapel or first period, the student should check in with Clark House by 7:30 a.m.

Once students are evaluated by medical staff, they may be asked to stay at Clark House on “Health Center Bounds” or may be placed on “Dorm Room Bounds” if the health center is experiencing higher than normal volume of inpatients. Students on Dorm Room Bounds should be in their rooms resting, not attending classes or participating in athletics or activities. Additional instructions may be given by the staff, who will periodically check on the student’s well being. Finally, students who stay overnight at Clark House are there for rest and recuperation. In our attempt to help students get well, visitors will be limited, with visiting hours ending at 9 p.m. and lights out by 10:30 p.m. In order to support the student, Clark House may contact a student’s house adviser regarding follow up care. While a student is recovering at the health center, daily commitments are excused. We cannot retroactively excuse absences nor can we excuse absences when a student is not physically present at the health center. If students miss classes due to illness or fatigue because they spent time in the health center or on “dorm room bounds”, they cannot attend their athletic commitments for the day and will be asked to return to Clark House for a study hall or will be asked to check into their dorm early that evening.

COUNSELING SERVICES

As a condition of enrollment, students and their parents must review and sign the counseling consent form which is included in health center forms on the parent portal. Parents and students should read the form carefully and raise any questions with the counselors. Once students turn 18 years of age, they must sign the counseling consent form.

The Director of Counseling Services oversees the equivalent of three full time counselors who are available to meet with any student about any issue during scheduled appointments, as urgent matters arise or for crisis intervention.

As trust is crucial in the counseling relationship, St. Paul’s School will make every effort to protect a student’s privacy. To promote candor, St. Paul’s School asks that parents respect the privacy of students who may not wish to share certain information about their counseling, even though under New Hampshire state law, parents of children who are under age 18 years hold the privilege to see and release their child’s medical records. The counselors must build trust with students to be able to engage in any meaningful work and to that end, the student may not want to immediately inform parents or advisers of their counseling visits. The counselors work toward including parents and advisers.

SUPPORT SERVICES

In addition to counseling services, psychiatric consultation is available on a regular basis at Clark House. The psychiatrist may be asked to evaluate, prescribe, and monitor medication. All referrals to the psychiatrist must go through Clark House counselors or the Medical Director; the School pays for these services.

An Episcopal minister is available for support and spiritual guidance. This faculty member is involved in the School's School community and may assist with adjustment issues, loss and bereavement, and spiritual concerns.

A part time consulting nutritionist is available for students seeking help in the areas of healthy eating, weight loss, weight gain, sports nutrition, and/or eating disorders.

St. Paul's School employs two certified athletic trainers who are educated in the prevention, evaluation, management, treatment, and rehabilitation of injuries. The athletic trainers are responsible for providing medical coverage at practices and games. There are two athletic training rooms located on the school grounds, one at the Athletic & Fitness Center, and one at the Hockey Center. The athletic trainers are available at these sites prior to, during and immediately following athletics.

CONCUSSIONS

The understanding, definition and management of concussions have significantly changed over the past decade to encompass a wider range of injuries that may or may not be the result of a direct blow to the head. What used to be thought of as a simple "ding" may now be considered a concussion depending on associated symptoms. Because of a growing body of evidence to suggest that the pediatric/adolescent population 1) is more vulnerable to concussion, 2) may require a longer period of recovery, and 3) may suffer more long term consequences, these guidelines for aggressive management of concussions were developed for the students of St. Paul's School. Much of the information obtained for this protocol comes directly from the NH State Advisory Council on Sport Related Concussion and the Consensus statement on concussion in sport the 5th international conference on concussion in sport held in Berlin, October 2016 (The Berlin Consensus Statement, 2016). This St. Paul's School concussion paper is meant to be a management guideline only, realizing that each injury is unique, requiring a different evaluation and treatment plan for each student. It is a basic set of guidelines for the students at St. Paul's School and will encompass diagnosis, treatment and return to learn and play guidelines.

All new St. Paul's School students will be required to take a baseline ImPact neurocognitive test, to be repeated every 1.5- 2 years. These tests will be reviewed by the Medical Director and those felt to be aberrant will be repeated. The reason for the baseline test is to have a comparison score in the event a student is injured and a concussion is suspected. Educational materials will be provided to students and coaches, defining concussions and discussing the importance of good post

concussion management. Parents of students will be provided with concussion related information as well as highlights of the School's concussion management guidelines.

If a head injury is suspected during a sports event, the Medical Director or Athletic Trainer will perform a sideline evaluation. If a concussion is suspected, the student will not be allowed to return to play that day, regardless of the amount of time symptoms lasted. The student will then be sent to the health center for further evaluation; "When in doubt, sit them out". In a situation where a student is injured off the field, they will be directed or taken to the health center where a nurse will perform an evaluation and consult with the Medical Director. If after the injury, a student's symptoms persist, they may be asked to stay for a night or two at the health center for physical and cognitive rest as this has been shown to be beneficial with concussion recovery. A medical history and exam will take place while the student is at the health center and if a diagnosis of concussion is still uncertain, an ImPact test will be performed and used as another tool to assist with the diagnosis. An ImPact test is never used in isolation to make the diagnosis of concussion. In situations where a student suffers a significant head injury with post concussive vomiting, worsening headache or declining neurologic symptoms, an Emergency Room evaluation and/ or CT scan will be ordered.

It's important that a concussion caused by a "big hit" may last a shorter duration than one that was caused by a seemingly mild hit. Concussions are very individualized and each student may experience various degrees of symptoms, have different durations of recovery and suffer unique side effects and as such, accommodations during recovery are tailored to the individual. Typically a student who has suffered a concussion will get placed on "no sports" and will be granted temporary academic accommodations that will be communicated with the student's teachers through the Director of Academic Support. All teachers are educated on our Return to Learn Protocol and are given a flyer of the protocol to post in their classroom for reference. As the student progresses through recovery, the incremental changes in recovery that translate to improving levels on the Return to Learn Protocol will be communicated with teachers. Once the student has progressed through the protocol and is fully participating in classes, the temporary academic accommodations will be removed and they will be directed to start their Return to Play Protocol, which will prepare them to return to sports.

STUDENT TEACHER ASSISTANCE TEAM (STAT)

The vice rector for school life oversees the Student Teacher Assistance Team (STAT). STAT is a group that meets to problem solve academic, social, behavioral or health-related issues. These concerns can be student specific or relevant to the entire community and may include such issues as health leave, drug or alcohol use, unhealthy eating patterns, community disruption, learning issues, time

management, attendance issues or academic difficulties. The team, which acts as a resource, is composed of core members that represent a variety of support units within the School (Dean of Students Office, student adviser, Clark House counselor, medical director, dean of academics, director of academic support and the vice rector for school life). Additional members are added as needed, such as a chaplain, or teacher(s). A referral to this problem-solving team can be made to the Dean of Students Office by anyone including a parent, faculty members, adviser or student. The team approach to a student's difficulties allows input from multiple individuals along with conversation with parents so recommendations can be made to improve the situation for the student.

HEALTH POLICIES

Clark House is governed by policies established by the School's Board of Trustees. These policies include the following: Communicable Diseases, Health Center Reporting, Drug and Alcohol Testing, Life Threatening Situations, Self-Destructive Behavior, Reproductive Health Confidentiality of Health-Related Information, Management of Student Medications, and Health leave.

COMMUNICABLE DISEASES

St. Paul's School is committed to providing a safe and effective educational and working environment for its students, employees and visitors. Consistent with this commitment is the policy to educate the community about how to prevent and control the spread of communicable diseases. St. Paul's School will comply with all federal and state laws concerning the prevention and control of communicable diseases. In addition, it will abide by rules issued by the New England Preparatory School Athletic Council (NEPSAC) for the control of communicable diseases in athletic competition.

The School provides education about communicable diseases to its students and employees on the nature of disease transmission and prevention through the Living in Community program, OSHA training, and informally through literature and postings. A list of communicable diseases which are reportable to the State of NH Bureau of Communicable Disease Control is available through Clark House. The Medical Director at Clark House will make a determination about the communicability of an infection and will make recommendations about isolation, precautions, and control measures to be implemented by St. Paul's School. Any incidence of a reportable communicable disease will be reported to the NH Bureau of Communicable Diseases Control by the Medical Director. If a student for religious reasons has opted out of state mandated immunizations, the School reserves the right to send that child home during an outbreak of an immunization preventable illness.

**According to New Hampshire law RSA 141 C, a communicable disease is "an illness due to an infectious agent or its toxic products, which may be transmitted directly or indirectly to any person from an infected person, animal, or arthropod or through the vehicle of an intermediate host, vector or the inanimate environment".*

SELF-DESTRUCTIVE BEHAVIOR

It is the policy of St. Paul's School to maintain a safe learning and living environment for its students, staff, and faculty. Since self destructive behavior is a threat to the School's ability to maintain a safe environment, it is the policy of the School to respond to all such behavior by students. For the purposes of this policy, self destructive behavior is defined as behavior that may include, but is not limited to, the following:

- an inability to control one's own actions; or
- bodily harm to oneself, including the overdose of drugs or any other suicide attempt/threat/gesture.

When a determination has been made that a student has engaged in self destructive behavior, the student will be placed on a short term or extended health leave in accordance with the School Health leave Policy. If a student is found to be in a situation where they are in danger of harming self or others, Clark House will immediately contact SPS Safety, the Medical Director, the Dean on Duty and/or the Concord Police Department as appropriate. Clark[TF3] House personnel are not authorized to use physical or chemical restraints at any time.

LIFE-THREATENING SITUATIONS

Students, faculty, or staff witnessing or coming upon a life threatening situation should call 911 immediately and then notify the Health Center and School Safety (4646). Students should always attempt to contact an adult for assistance when possible. Examples of life-threatening situations include:

- acute respiratory distress
- severe bleeding
- shock/anaphylactic reaction
- cardiac distress
- burns – serious/extensive
- poisoning
- unconsciousness
- injury involving large bones/severe head/neck trauma/paralysis
- natural or other disasters

REPRODUCTIVE HEALTH

St. Paul's School seeks to affirm and support young people in their search for appropriate expressions of intimacy and affection. The School is aware, however, of the serious physical, emotional, social, and legal consequences that can result from intimate sexual contact. Therefore, the School strongly encourages students to postpone sexual intimacy.

However, St. Paul's School is aware that students will make their own decisions about sexual intimacy. Clark House professional staff and faculty are available to all students who want to discuss reproductive health and other related issues.

In addition, with parental permission, Clark House medical staff may provide reproductive health services to students. If a student is seeking medical attention outside the scope of care that can be provided at the health center, there are other resources locally to which they can be referred or directed.

EATING DISORDERS

At St. Paul's School we seek to foster the emotional and physical well being of students. In keeping with this ideal we realize the intense need students may have for support and education around the topics of weight, body image, disordered eating, food preoccupation, and exercise obsession.

Eating disorders are serious medical problems. Anorexia nervosa, bulimia and binge eating are all types of disorders that typically develop during adolescence and adulthood or less frequently in childhood. Eating disorders affect both men and women. While eating disorders are less common in men, approximately 10 percent of those suffering from eating disorders are male.

To address eating disorders, St. Paul's School, through Clark House, has developed a support and intervention system. The goal is not only to treat students with eating disorders but also to enhance prevention of these disorders through education and community support. We are guided by the well researched protocols outlined in the manual developed at Dartmouth College Health Service (the "Dartmouth Manual") to assist us in providing a high quality of care for students with eating disorders in light of the School's resources. A copy of the Dartmouth Manual is available upon request.

The Dartmouth Manual provides specific treatment and health leave recommendations for students identified with eating disorders. In brief, any student identified as exhibiting behavior consistent with disordered eating will have an initial evaluation at Clark House to assess the extent of the problem. This assessment will usually include appointments with several members of our multi-disciplinary team, including the medical Director, a counselor, a nutritionist, and in some instances our consulting psychiatrist. Specific treatment and nutrition goals will be set for the outpatient program, and, in most instances, the student will be given a period of time to demonstrate improvement as determined by members of the health professional team. However, if the School determines that the student's current situation falls outside the scope of care that Clark House can effectively provide, the student will be required to take a health leave from school. If the student in the opinion of the medical Director or a treating physician exhibits a significant decline in emotional or physical health at any time, the student may be required to take a leave prior to the term's completion. A health leave may also be required. if a student has a history of an eating disorder combined with one or more of the following: 1) physiological signs or symptoms of health decline indicated by (including but not limited to) abnormal laboratory tests, persistent amenorrhea in females, dental erosions, low blood pressure, low pulse, other cardiac abnormalities, etc.; 2) while in treatment, an inability to maintain a body mass index (BMI) of at least 18 and/or an ideal body weight of at least >80%; 3) an

inability to break the cycle of chronic eating disordered behavior; 4) an inability to engage in or comply with any aspect of the effective outpatient therapy at SPS; 5) the needs or care of the individual exceed what the School determines it can effectively provide; or 6) the student's eating behaviors or results of the disordered eating unreasonably disrupts the School community.

In addition to the above, a required health leave for students with anorexia nervosa may be based on an ideal body weight (IBW) of <80% or a body mass index (BMI) of <18%. If a medical leave is necessary, then a returning weight which reflects a BMI of at least 19.5% (equivalent to an IBW between 96-98% for females and 90% for males reflecting different body compositions between males and females) is the goal as this BMI standard for completion of a medical leave is associated with lower relapse rates. These weights must be maintained for a minimum of three months prior to gaining medical clearance to return.

For students who are identified as having bulimia, treatment recommendations will be based on physiological signs and severity of illness. As with students who have anorexia nervosa, it may be determined that a health leave is warranted in order to address the issues related to bulimia, particularly if it is determined by the team that the student's needs are beyond what the School can effectively provide. Students with bulimia who have gone on a health leave must demonstrate an ability to maintain a healthy weight, stable eating patterns, and management of binge-purge symptoms for at least three months prior to gaining medical clearance to return to St. Paul's School. Other medical symptoms, (i.e., laboratory abnormalities, abnormal vital signs, cardiac abnormalities, etc.) must also be stable and within normal limits for three months prior to a student's return.

Because excessive exercise is not uncommon in students with eating disorders, a restriction on athletics/exercise may be implemented or the student may be required to take a medical withdrawal if the student fails to meet the goals established by the treatment team.

If a determination is made that a student's health is significantly compromised due to an eating disorder or disordered eating and the student refuses to accept a medical recommendation for a voluntary health leave, the dean of students in collaboration with medical input may, on an individualized basis, implement an involuntary health leave. Whether or not a health leave is voluntary or involuntary, SPS may impose weight goals and limits on an individualized basis, taking into account factors such as the student's compliance with treatment recommendations, weight history, height, frame size, family history, rapidity of weight change and eating/exercise behavior which must be fulfilled prior to the student's return.

Upon matriculation to St. Paul's School or prior to the onset of a new school year, if a student has an active eating disorder as determined by, but not limited to, health records, statements made by the student and/or family, or by the student's home physician(s) and/or counselor(s), the student's parents must authorize SPS officials to confer with the student's medical professional(s). If after such consulta-

tion, SPS reasonably believes that the student's health is sufficiently at risk of being compromised, the dean of students, in consultation with the Medical Director and the Director of Counseling Services, may recommend or impose a health leave of absence. The dean of students will consider a range of factors, including but not limited to: a history of poor treatment compliance; an eating disorder not in remission; stability of an eating disorder of less than three months in duration; treatment needs beyond what St. Paul's School can effectively provide; or information that reasonably suggests that attending a residential boarding school would present a legitimate health or safety risk to the student.

As with all health leaves, documentation of improvement from treating health care professionals will be required prior to consideration of a return to St. Paul's. For all students subject to a health leave for eating disorders, a period of a minimum of three months of documented recovery and health as determined by St. Paul's School, is required before a return to the School will be permitted. As per the Dartmouth Manual, St. Paul's School adheres to specific BMI criteria that a student must meet prior to being eligible to participate in athletics. Although the health care team at Clark House values and requires input from outside health professionals during the student's health leave, ultimately the decision to allow a student to return rests exclusively with the dean of students in close consultation with the treatment team and the Medical Director.

SLEEP DEPRIVATION

Although there is no formal policy for sleep deprivation, on occasion students request rest at the health center. Students are asked if they have any tests, quizzes, assignments or assignments due; if so, they are directed to their respective commitment, and once it is completed, may return to sleep if they choose. Students who have nothing due are allowed to one of our day-beds for rest. Students with sleep deprivation are placed on "no sports" for that day", and expected to return to Clark House for a study hall in the afternoon. Students may also be placed on "early check", which is communicated to the student and their house. In the event that students misuse sleep deprivation, they will be required to meet with the Medical Director. It is appropriate for faculty and advisers to remind students of the need for sleep, particularly those students who may overuse the health center to get rest.

Sleep Deprivation Study Hall

Located in Clark House, sleep deprivation study hall is designed for students who spend time sleeping during the day in the health center and therefore, miss academic commitments. The goal of this study hall is to allow structured time for students to catch up on missed assignments.

MANAGEMENT OF STUDENT MEDICATIONS

Appropriate management of medication is required by New Hampshire Code of Administrative Rules He-P816.17. The Medical Director and/or nursing staff at St. Paul's School Clark House will store, administer, and/or oversee the use of all

medications by students. Clark House must be notified of all medications that a student is taking, including prescribed, over-the counter, herbal, dietary supplements, vitamins, minerals, performance enhancers or other medications. Any student who takes prescribed medications to treat a psychological or learning-related disorder shall receive counseling or supervision as deemed appropriate by the Medical Director or counseling services. All procedures for managing and distributing medication(s) will follow federal and state laws. Prescription, non-prescription and nutritional supplements may not be mailed directly to students, but must be mailed or delivered directly to Clark House.

Parent Disclosure and Releases

As a condition of enrollment, parents and students are required to disclose to medical personnel at Clark House any and all medications used by the student. Parents and students must also advise Clark House medical personnel of any changes in the student's medications, including dosage. All medication records will be maintained at Clark House.

Distribution

All opiate, stimulant, and other ADHD medications as well as psychotropics for depression/anxiety and other mental health illnesses cannot be stored in a student's room and must be housed and administered on a dose-by-dose basis by authorized personnel at Clark House. Clark House personnel recognize that there are some emergency medications that a student might need to carry medication. On occasion, the Medical Director can also authorize distribution of one to two doses of the above medications for nighttime use as described in the text that follows. No St. Paul's faculty or staff member may be given the responsibility/authorization to administer prescribed medications to any student on campus. Failure of a student to follow this policy may result in a disciplinary response which may include, but is not limited to, dismissal from the School.

When off grounds on a School-sponsored trip where a chaperone is present, or when on grounds when School is not in session and the health center is closed, a chaperone who has had proper training in medication administration will be allowed to hold and securely store a student's opiate, psychotropic or stimulant medication. The medication will be provided to the student by the chaperone as indicated on the Medication Administration Record (MAR). The chaperone will document on the MAR whether the student took the medication (directly observed) or refused it. At the end of the trip, the chaperone will give the remaining medication to the student if school is not in session or return it to Clark House if the student is returning to campus. All MARs will be returned to Clark House by the chaperone. All students are required to return medications from travel, holidays and vacations to Clark House within 24 hours of returning to campus. Failure to follow this policy may result in a disciplinary response, which may include, but is not limited to, dismissal from the School. The Medical Director will be notified of any failure to return narcotic/opiate, psychotropic or stimulant medications to Clark House.

To insure the School's medication policy is understood, students and parents of students taking any opiate, psychotropic or stimulant medications must sign the St. Paul's School Medication Compliance Policy agreement form. While Clark House will work with students to manage their medications, we cannot force students to take their prescribed medications nor will Clark House notify students and their parents of any missed medication. It is expected that St. Paul's School students will be able to self-manage their medication compliance. Ultimately, the responsibility to take a medication is up to the student and the student's family.

The following is a description of the various medications subject to this policy and description of the requirements pertaining to them.

Non-Prescription Medications

Students taking non-prescription medications, dietary supplements, vitamins or herbal remedies shall inform the medical staff about the type of medication dietary supplements, vitamins or herbal remedies they are using and the dosage amount. Examples include acetaminophen, ibuprofen, cough syrups, decongestants and others.

Students may store and self-administer these medications with parental permission.

Topical Prescribed Medications and Certain Oral Prescribed Medications

Topically applied creams for the treatment of acne, dermatitis and oral antibiotics, oral medications for the treatment of allergies, oral contraceptives and other medications that are not opiate, psychotropic or stimulant medications, may be kept in a student's room with parental permission and, with the authorization from the Medical Director, the student may self-administer. Examples include: Differin cream, Minocycline, Accutane, Claritin, Allegra, Zyrtec, birth control pills, Bactrim, Penicillin, Zithromax, Synthroid, Metformin and others.

Emergency Medications

Emergency medications are those which a student needs to carry at all times. Examples include, but are not limited to, asthma inhalers, epinephrine auto-injectors, insulin and others. Students will be allowed to carry such medication with permission of the parent and authorization from the Medical Director. By signing the Acknowledgment Regarding Medication consent, parents and/or legal guardians give St. Paul's School and its designees the authority to administer emergency medications, like Epi-Pens for suspected severe allergic reactions, nebulized bronchodilators for asthma attacks, or naloxone for suspected opiate overdose.

Opiate, Stimulant and Psychotropic Medications

These medications MUST be housed and administered by authorized Clark House medical staff on a dose-by-dose basis. Students will not be allowed to keep a supply of these medications in their rooms.

Examples of opiates include Codeine, Vicodin, Percocet, Oxycodone and others.

Examples of a stimulant medication include Adderall, Ritalin, Concerta, Vyvanse and others.

Examples of Psychotropic medications include Zoloft, Prozac, Strattera, Lexapro, Wellbutrin, Xanax, Celexa and others.

In addition, all students who are prescribed psychotropic medications will be required to meet with the School's Medical Director, counselor, or consulting psychiatrist during the school year to discuss treatment planning for the upcoming year. The treatment plan may include regular counseling and medication during the school year. As part of the treatment planning process, we may discuss and coordinate the student's diagnostic testing and care with the student's home provider, including any prescribing physician, evaluator or therapist. We ask that parents facilitate this process to ensure coordinated care between the School and home.

Revocation of Self-Administration Privileges

St. Paul's School reserves the right to revoke a student's right to self-administer medication when, in the professional judgment of Clark House medical staff, the student has demonstrated an inability to self-medicate safely.

Failure to Comply

All students must comply with the School's policy on medication management. Failure to comply with this policy is a violation of a major school expectation and may result in disciplinary action against the student including, but not limited to, separation from the School. Clark House personnel will notify parents of a student's failure to comply with this policy.

DRUG AND ALCOHOL TESTING

Students are expected to be completely drug and alcohol free while they are enrolled at St. Paul's School. They may not sell, distribute, use, possess, or be under the influence of illicit drugs, alcohol, nicotine or other substances that are used in a way other than prescribed. As a condition of the student's enrollment at St. Paul's School, parent(s) and students are required to authorize the School to conduct drug and alcohol testing of the student by a urine or hair sample or saliva.

St. Paul's School reserves the right to test students for drugs and alcohol randomly or in the following circumstances: (1) the student exhibits drug or alcohol influenced behavior; (2) the student has a history of drug or alcohol use at St. Paul's School; (3) there are significant changes in the student's academic or social functioning; (4) there are signs of psychological distress; or (5) upon written request by the parent(s) of the student.

If a student has been caught using a substance or has admitted through the School's Sanctuary Policy to have used, the student will be placed on a list to be randomly tested. Each week several students from the list will be selected through a random number generator to undergo one of the methods of drug testing at the family's expense. If, during the school year, a student is randomly selected more than 10 times, the School will incur the cost of further testing.

If a student tests positive for illicit substances, whether or not it can be demonstrated that the substance was used on the grounds, the student is considered to be in violation of a Major School Rule, and will be subject to appropriate disciplinary action, up to and including separation from the School.

Parents will be responsible for all costs incurred for evaluation, counseling, and drug testing services provided through Clark House.

SANCTUARY POLICY FOR INTERVENTION

The Sanctuary Policy for Intervention creates an avenue for helping students engaged in high-risk behavior without the threat of disciplinary action. The adults of our community keep as a top priority the safety and health of the students and urge students to use this policy to help themselves or others they feel are at risk.

Sanctuary may be invoked when:

- a student brings to an adult, the Health Center, or the dean of students an at-risk student and/or information concerning risky behavior by the student or another student, that would not otherwise be available to adults, or
- an adult refers to the Health Center or the dean of students a student whom is suspected to be engaged in an on-going high-risk behavior.

A student under the protection of the Sanctuary Policy is obligated to communicate openly and honestly with the adults working with the student.

RESPONSES TO AN INTERVENTION

Response to the first episode will include notification of the student's parents, adviser, and head of house, student submission to a risk-behavior evaluation, counseling, and if relevant, regular drug/alcohol testing.

A second episode will require an off-site risk-behavior evaluation, counseling, and completion of a drug/alcohol rehabilitation treatment program. The student can return to school only after the STAT team is convinced that the student demonstrates sufficient recovery and rehabilitation.

Exceptions

Situations in which an adult finds a student engaged in risky behavior will not be covered by the Sanctuary Policy, though the student can invoke the Sanctuary Policy for others involved in such behavior by providing their names, unless adults would have otherwise learned this information.

Students should note that egregious situations, for example those involving harm to another student, hazing, coercion, or the sale of controlled drugs will not be covered by the Sanctuary Policy. Students who are currently participants in the drug and alcohol testing program may not invoke sanctuary when a faculty member has engaged them to be tested.

It is important to note that if the School comes into the possession of a controlled drug in the context of a sanctuary, it is still required to make a report to the police who may then follow up with the student. The student(s) involved would not face internal disciplinary consequences (sanctuary still applies), but they may face external legal consequences.

The Sanctuary policy is not intended to cover behaviors that do not threaten the health and safety of a student, such as academic dishonesty.

ADMINISTRATION OF SANCTUARY

As a health -based response, sanctuaries are administered by personnel at the Clark House health center. While the dean of students, head of house and adviser of students who are sanctuaried are notified, Clark House communicates the details of sanctuary cases to the parents/guardians of the student concerned.

Leaves of Absence and Returning from Leaves

Sometimes issues can arise in the course of a student's career at the School that may interfere with the student's ability to engage constructively in the business of learning. On these occasions, a student may be required to stay in the health center or to leave St. Paul's temporarily, usually to return home. The School's leave-of-absence policy acknowledges that time away from campus can be important. Therefore, the School allows students to remain in good standing while taking the time they need to address important personal issues away from the school and with their families. When it is determined that the student can return, the student's head of house, adviser, and parents, the Office of Academic Affairs, and the Dean of Students Office will be informed.

Under critical circumstances decisions about leaves may be made by the Dean of Students Office or Clark House medical team unilaterally. However, The Student Teacher Assistance Team (STAT) determines the duration of leaves and the conditions necessary for a student's return. The factors considered in making these determinations are the student's clinical needs, safety, impact on the safety and well-being of the community, and the capacity to comply with the essential elements of student and academic life, as well as the community's ability to provide appropriate care and supervision.

A student and their parents may request a leave of absence for a variety of reasons.

HEALTH LEAVE

There are three types of health leaves, each based on the amount of time the student is absent from School:

- Short Term Health Leave is defined as an approved absence from School for health reasons lasting no longer than three weeks.
- Long Term Health Leave is defined as an approved absence from School for health reasons that last longer than three weeks but less than one academic year.
- Health Separation is defined as an absence from School for health reasons that will require more than one calendar year.

1. A health leave may be required for medical reasons when, in order to ensure effective management or treatment of a medical or mental health concern, a student must be away from school for a period of time. St. Paul's School is committed to providing access to an appropriate level of health care. In some cases a student's health needs may exceed the limits of what Clark House can provide. In those situations, a student may be placed on a Health leave. A Health leave may also be necessary if a student is in danger of harming themselves or someone else or is disrupting the community.
2. A leave may be required for a diagnostic evaluation or treatment, or it may be initiated when a student's presence on campus might jeopardize their own health or compromise the well-being of others. A health leave is granted or required for the management of health issues that cannot be adequately treated by the School or through local providers. A health leave may last up to one year in duration and is not an instrument of discipline.
3. A health leave will be required if it is determined, based upon individualized assessment by the medical Director and/or the Director of counseling that, in their professional judgment, a student has exhibited suicidal behavior or behavior considered to be suicidal or otherwise potentially life-threatening, posing a risk of harm to the student and/or others. It is our experience that a clearly defined and extended period of time permits students to focus, with their families, on the steps needed to regain their equilibrium and to thrive.
4. A health leave may be required following any situation of egregious or repeated self-injury, including but not limited to drug and alcohol ingestion, a severe eating disorder, or cutting.
5. A health leave may be required if a student does not possess the essential skills to function independently in a residential school (see Functional Skill Expectations) including self-management, relationship skills and positive decision making.
6. A dean's leave may be required in cases in which a student is unable to meet school obligations (academic, attendance, or residential) or in cases in which the needs of the student cannot be met by the community and/or are inter-

fering with the well-being of others. When a student is unable to meet the school's expectations (including compliance with a previously determined treatment plan), a leave of absence will be required.

7. A dean's leave may be required in cases involving extenuating circumstance, as determined by the dean of students.

LEAVE OF ABSENCE PROCEDURES

Procedures

The Medical Director or the Director of Counseling Services determines whether or not a student at St. Paul's School will be required to take or will be granted a health leave. Prior to making a determination the Medical Director or the Director of Counseling Services will normally seek information about the student from a variety of sources that may include the student, the student's adviser, the student's family and friends, and other medical care providers at the School and outside of the School.

When the Medical Director or the Director of Counseling Services determines that a student will be leaving for a health leave, the Medical Director or the Director of Counseling Services will inform all involved persons including the student affected, head of house, adviser, parents, the Dean of Students Office, and the Office of Academic Affairs.

The Office of Academic Affairs will contact the teachers of the student and, if appropriate under the circumstances, the Office of Academic Affairs will formulate a plan for continuing academic work and communication of these academic expectations for the student.

As soon as is reasonably possible, the Medical Director or the Director of Counseling Services in conjunction with the Dean Of Students Office may convene a Student Teacher Assistance Team (STAT) meeting to discuss and determine the appropriate length of the health leave and to establish conditions for the student's return to St. Paul's. After this meeting, these conditions for return will be communicated to the parents/guardian of the student.

The Medical Director or the Director of Counseling Services will need to communicate with the professionals involved with the care and treatment of the student while the student is on leave and will follow-up over the course of the health leave. A parent/guardian must arrange for copies of all treatment records, evaluations and psychological or medical testing to be provided to the Medical Director or the Director of Counseling Services upon request in a timely fashion.

Requests for return to the School should be communicated to the Medical Director or the Director of Counseling Services and should include documentation dem-

onstrating that the conditions of the health leave have been satisfied. The Medical Director or the Director of Counseling Services will then reconvene the STAT to review the situation and the factors of the student's care away from school and determine whether a return to St. Paul's is appropriate. It is the responsibility of the STAT team to determine whether a return to St. Paul's is appropriate when the student has been on leave. The Medical Director and the Director of Counseling Services will determine if a return is appropriate from a health perspective but the team will consider all relevant information including, but not limited to, the student's ability to meet the minimal functional capacities.

If a return is approved, the student may spend a night or several nights in residence at Clark House as a transition back to school life. The student must also abide by any conditions set forth by the STAT team to help ensure continued good health and the ability to meet minimal functional expectations.

The Office of Academic Affairs will contact the teachers of the student and, if appropriate under the circumstances, will formulate a plan for continuing academic work and for the communication of these academic expectations to the student and the student's adviser and teachers. Typically, if a student is away for fewer than three weeks of the term, the student will receive academic credit for that term. Absences that extend beyond three weeks in one term result in no credit received for the term unless there are extenuating circumstances that call for alternative credit designations.

RETURN FROM LEAVE

Readmission of a student after a leave of absence is not automatic, but depends upon the student meeting certain criteria specified by the STAT in writing when the leave is granted. Any conditions or behavioral expectations placed on the student upon return from a leave must be fully met. If they are not, the student will return to a leave-of-absence status.

ILL AT HOME

If it is suspected that a student will be sick for only a few days with a limited illness like influenza, a bad upper respiratory infection, strep throat, anxiety or a host of other short lived illnesses, they may be allowed to go home and recover instead of spending the nights in Clark House. Typically, the designation "Ill at Home" will allow students to stay at home for a few nights and return when they are better. During the time away from School, they are required to keep up with their assignments or make arrangements with their teachers upon their return to make up their work. They should work with their advisers to communicate their illness with their teachers. If a student's illness lasts longer than expected, the Medical Director or Director of Counseling Services can change the designation of "Ill at Home" to a "Health Leave" which is described above.

PATIENTS' BILL OF RIGHTS

Mandated by RSA 151:21

New Hampshire law requires that the Patients' Bill of Rights be made available to all persons accessing Clark House. The Patients' Bill of Rights appears below and also is posted at Clark House. The policy describing the rights and responsibilities of each patient admitted to the facility shall include, as a minimum, the following:

I. The patient shall be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care and including being informed of the name, licensure status, and staff position of all those with whom the patient has contact, pursuant to RSA 151:3-b.

II. The patient shall be fully informed of a patient's rights and responsibilities and of all procedures governing patient conduct and responsibilities. This information must be provided orally and in writing before or at admission, except for emergency admissions. Receipt of the information must be acknowledged by the patient in writing. When a patient lacks the capacity to make informed judgments the signing must be by the person legally responsible for the patient.

III. The patient shall be fully informed in writing in language that the patient can understand, before or at the time of admission and as necessary during the patient's stay, of the facility's basic per diem rate and of those services included and not included in the basic per diem rate. A statement of services that are not normally covered by medicare or medicaid shall also be included in this disclosure.

IV. The patient shall be fully informed by a health care provider of his or her medical condition, health care needs, and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record, and shall be given the opportunity to participate in the planning of his or her total care and medical treatment, to refuse treatment, and to be involved in experimental research upon the patient's written consent only. For the purposes of this paragraph "health care provider" means any person, corporation, facility, or institution either licensed by this state or otherwise lawfully providing health care services, including, but not limited to, a physician, hospital or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, or psychologist, and any officer, employee, or agent of such provider acting in the course and scope of employment or agency related to or supportive of health care services.

V. The patient shall be transferred or discharged after appropriate discharge planning only for medical reasons, for the patient's welfare or that of other patients, if the facility ceases to operate, or for nonpayment for the patient's stay, except as prohibited by Title XVIII or XIX of the Social Security Act. No patient shall be involuntarily discharged from a facility because the patient becomes eligible for medicaid as a source of payment.

VI. The patient shall be encouraged and assisted throughout the patient's stay to exercise the patient's rights as a patient and citizen. The patient may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal.

VII. The patient shall be permitted to manage the patient's personal financial affairs. If the patient authorizes the facility in writing to assist in this management and the facility so consents, the assistance shall be carried out in accordance with the patient's rights under this subdivision and in conformance with state law and rules.

VIII. The patient shall be free from emotional, psychological, sexual and physical abuse and from exploitation, neglect, corporal punishment and involuntary seclusion.

IX. The patient shall be free from chemical and physical restraints except when they are authorized in writing by a physician for a specific and limited time necessary to protect the patient or others from injury. In an emergency, restraints may be authorized by the designated professional staff member in order to protect the patient or others from injury. The staff member must promptly report such action to the physician and document same in the medical records.

X. The patient shall be ensured confidential treatment of all information contained in the patient's personal and clinical record, including that stored in an automatic data bank, and the patient's written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in the medical records at any facility licensed under this chapter shall be deemed to be the property of the patient. The patient shall be entitled to a copy of such records upon request. The charge for the copying of a patient's medical records shall not exceed \$15 for the first 30 pages or \$.50 per page, whichever is greater; provided, that copies of filmed records such as radiograms, x-rays, and sonograms shall be copied at a reasonable cost.

XI. The patient shall not be required to perform services for the facility. Where appropriate for therapeutic or diversional purposes and agreed to by the patient, such services may be included in a plan of care and treatment.

XII. The patient shall be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, unless to do so would infringe upon the rights of other patients. The patient may send and receive unopened personal mail. The patient has the right to have regular access to the unmonitored use of a telephone.

XIII. The patient shall be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.

XIV. The patient shall be free to retain and use personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.

XV. The patient shall be entitled to privacy for visits and, if married, to share a room with his or her spouse if both are patients in the same facility and where both patients consent, unless it is medically contraindicated and so documented by a physician. The patient has the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of the individual or other patients would be endangered.

XVI. The patient shall not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, or source of payment, nor shall any such care be denied on account of the patient's sexual orientation.

XVII. The patient shall be entitled to be treated by the patient's physician of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.

XVIII. The patient shall be entitled to have the patient's parents, if a minor, or spouse, or next of kin, or a personal representative, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.

XIX. The patient shall be entitled to receive representatives of approved organizations as provided in RSA 151:28.

XX. The patient shall not be denied admission to the facility based on medicaid as a source of payment when there is an available space in the facility.

XXI. Subject to the terms and conditions of the patient's insurance plan, the patient shall have access to any provider in his or her insurance plan network and referral to a provider or facility within such network shall not be unreasonably withheld pursuant to RSA 420-J:8, XIV.

Source: 1981, 453:1. 1989, 43:1. 1990, 18:1-6; 140:2, XI. 1991, 365:10. 1992, 78:1. 1997, 108:6; 331:3-8. 1998, 199:2; 388:5, 6. 2001, 85:1, eff. Aug. 18, 2001. 2009, 252:1, eff. Sept. 14, 2009. 2013, 265:3, eff. Jan. 1, 2014.

MENTAL HEALTH BILL OF RIGHTS

“This Mental Health Bill of Rights is provided by law to persons receiving mental health services in the State of New Hampshire. Its purpose is to protect the rights and enhance the wellbeing of clients, by informing them of key aspects of the clinical relationship. As a client of a New Hampshire Mental Health Practitioner, you have, without asking, the right:

(1) To be treated in a professional, respectful, competent and ethical manner consistent with all applicable state laws and the following professional ethical standards:

- a. for psychologists, the American Psychological Association;
- b. for independent clinical social workers; the National Association of Social Workers;
- c. for pastoral psychotherapists; the American Association of Pastoral Counselors
- d. for clinical mental health counselors; the American Mental Health Counselor Association; and
- e. for marriage and family therapists; the American Association for Marriage and Family Therapists.

(2) To receive full information about your treatment provider's knowledge, skills, experience and credentials.

(3) To have the information you disclose to your mental health provider kept confidential within the limits of state and federal law. Communications between mental health providers and clients are typically confidential, unless the law requires their disclosure. Mental health providers will inform you of the legal exceptions to confidentiality, and should such an exception arise, will share only such information as required by law. Examples of such exceptions include but are not limited to:

- a. abuse of a child;
- b. abuse of an incapacitated adult; 19
- c. Health Information Portability and Accountability Act (HIPAA) regulation compliance;
- d. certain rights you may have waived when contracting for third party financial coverage;
- e. orders of the court; and
- f. significant threats to self, others or property.

(4) To a safe setting and to know that the services provided are effective and of a quality consistent with the standard of care within each profession and to know that sexual relations between a mental health provider and a client or former client are a violation of the law (RSA 330-A:36).

(5) To obtain information, as allowed by law, pertaining to the mental health provider's assessment, assessment procedures and mental health diagnoses (RSA 330-A:2 VI).

(6) To participate meaningfully in the planning, implementation and termination or referral of your treatment.

(7) To documented informed consent: to be informed of the risks and benefits of the proposed treatment, the risks and benefits of alternative treatments and the risks and benefits of no treatment. When obtaining informed consent for treat-

ment for which safety and effectiveness have not been established, therapists will inform their clients of this and of the voluntary nature of their participation. In addition, clients have the right to be informed of their rights and responsibilities, and of the mental health provider's practice policies regarding confidentiality, office hours, fees, missed appointments, billing policies, electronic communications, managed care issues, record management, and other relevant matters except as otherwise provided by law.

(8) To obtain information regarding the provision(s) for emergency coverage.

(9) To receive a copy of your mental health record within 30 days upon written request (except as otherwise provided by law), by paying a nominal fee designed to defray the administrative costs of reproducing the record.

(10) To know that your mental health provider is licensed by the State of New Hampshire to provide mental health services.

- a. You have the right to obtain information about mental health practice in New Hampshire. You may contact the Board of Mental Health Practice for a list names, addresses, phone numbers and websites of state and national professional associations listed in Mhp 502.02 (a)(1)(a-e).
- b. You have the right to discuss questions or concerns about the mental health services you receive with your provider.
- c. You have the right to file a complaint with the Board of Mental Health Practice.”

(b) A licensee shall post a copy of the above mental health bill of rights in a prominent location in the office of the mental health practitioner and provide a copy upon request.

(c) A licensee shall provide a copy of the mental health bill of rights to the client and/or agency if the assessment, consultation or intervention is provided outside the office

COMPLAINT PROCEDURE

Any student or parent wishing to file a suggestion or complaint regarding care or treatment received at Clark House may write or talk to:

Dr. John Bassi, Medical Director
Clark House
St. Paul's School 325 Pleasant Street
Concord, NH 03301
603-229-4850

OR

Division of Public Health Services
Bureau of Health Facilities Administration
129 Pleasant Street
Concord, NH 03301
1-800-852-3345, ext. 9499
or 603-271-9499
TDD access 1-899-735-2964



ST. PAUL'S SCHOOL

**325 Pleasant Street
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