

Below you will find instructions on how to access your child's record through BlueStep's Family Connect. From there you can sign agreements/consent.

First, type or copy this address into your browser: <https://hmsschoolfamily.bluestep.net/>

Second, login to Family Connect:

Username: whatever you used to sign up

Password: whatever you used to sign up

If you have not created an account yet, please email kmonahan@hmsschool.org to activate/reactivate your status. You will receive a separate email from the system to create your Family Connect login.

PIN is 2566 (Please don't worry if it automatically inserts a comma)

Once your account has been created, please follow the steps below.

1.) After you sign in, select "Agreements" from the left-hand side menu. (see example below)

HMS School for Children with Cerebral Palsy
4400 Baltimore Ave
Philadelphia, PA 19104

Anthony Rossi
Age: 16
Birth Date: October 30, 2004
Admission: July 16, 2019

- Client Bio
- List of Providers
- Insurance
- Student Notes
- Agreements

Academy Message
No Messages

Timeline for Anthony Rossi

January 25, 2021

Daily Flow Sheet

2.) From the "Agreements" menu, select the consent you want to sign. (in the purple text below)

Agreement Packet for Chachi Arcola		
Agreements	Date/Time	Status
Authorization to Authorize an Authorizing Authorizer : 03/15/2017	01/25/2021 03:39PM	INCOMPLETE
Consent to Be Awesome : 05/05/2017	01/20/2021 10:21AM	INCOMPLETE
Coordination of Care: 07/02/2019	07/02/2019 11:18AM	INCOMPLETE
Nemours: 08/17/2020	01/25/2021 03:38PM	INCOMPLETE
Virtual Education Consent: 05/18/2020	05/19/2020 12:51PM	INCOMPLETE

Legend:

- COMPLETE
- INCOMPLETE
- NO DATA

3.) After the consent you chose opens scroll down the page to your name with a checkbox next to it. Select the checkbox then click save. (see below)

Nemours/Alfred I duPont Hospital for Children
1600 Rockland Road
Wilmington, DE 19899

and
4400 Baltimore Avenue
Philadelphia, PA 19104
Phone: 215-222-2566
Fax: 215-662-5159

Authorization

1. I authorize the school nurse and Nemours medical personnel to discuss and share educational records and health information.
2. I understand the school nurse will have access to both treatment and non-treatment related information in my child's medical record.
3. I may revoke this authorization at any time by providing written notification to the addresses listed above for Nemours and my school.
4. I understand that my revocation does not affect any disclosures made prior to the revocation being received and processed.
5. I understand that signing this authorization is strictly voluntary.
6. I can request a copy of this form after I sign it.

EXPIRATION DATE: This authorization will expire at the completion of the current school year (August 15), unless an earlier date is specified:

* Parent or eligible student as required and defined by Family Education and Privacy Rights Act (FERPA)

Form # 01014 Student Health Information - Authorization to Use/Disclose Protected Health Information and Education Records (11/13) Page 1 of 1 FAX completed form to: 1-800-428-9768

Certifies that this consent has been signed manually and uploaded: [no data]

Witness Signature: Keith Monahan, 01/25/2021 3:39:01PM EST

Andrew Rossi Signature

4.) That's it. You have successfully signed this consent electronically. Please repeat this process for any other consents which need to be signed.

If you have any questions, please feel free to reach out to Keith Monahan, kmonahan@hmsschool.org.