

Consent to Treatment
Joseph B. Trainer Health & Wellness Center

Welcome to the Joseph B. Trainer Health & Wellness Center (JBT). We are a multidisciplinary integrated care team consisting of a primary care clinic and a behavioral health clinic. We work collaboratively to promote the health and wellness of students and postdoctoral scholars at Oregon Health & Science University (OHSU).

During your first appointment, you will talk confidentially with a provider about your immediate concerns including the reasons you scheduled the appointment. Your provider will evaluate what services or resources may be most helpful for you. Some students and postdocs find that talking with a provider once is sufficient to resolve their immediate concern. If further services would be beneficial, these will be discussed and a recommendation will be made by the provider. These additional services may include resources offered by JBT, and/or referrals to other campus or community offerings.

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YOUR RIGHTS:

- You have the right to be treated with dignity and respect.
- You have the right to receive service that is non-discriminatory.
- You have the right to receive service from qualified providers.
- You have the right to be informed regarding the treatment your provider recommends, and to be informed of alternative treatments.
- You have the right to request referral to another provider within JBT or to a provider outside of JBT.

ELIGIBILITY FOR SERVICES:

- During the academic year, currently enrolled OHSU students and postdoctoral scholars are eligible for services at JBT.
- Spouses, domestic partners and adult dependents over 18 years-old with verified insurance coverage are also eligible for primary care services and behavioral health couples counseling. We do not provide services for children at JBT.
- Patient concerns that are beyond the scope of care provided by JBT and/or that involve more long-term, intensive, specialized care or hospitalization may be referred to other providers at OHSU or in the community. Care sought outside of JBT will be subject to billing of your private insurance. Please contact your insurance carrier for information on your coverage and benefits.

AVAILABILITY OF SERVICE:

- JBT is open Monday through Friday.
- JBT is closed on weekends.
- Patients requiring urgent services when JBT is closed may call the OHSU hospital operator at (503) 494-8311 to talk to our after-hours nurse call line. Please ask for the "on-call JBT nurse call line." If you cannot wait for a return phone call, please do not hesitate to contact 911 for emergency assistance.
- JBT is committed to ensuring a safe and secure environment for all members of the OHSU community. To that end, no firearms or other weapons are permitted in our clinic.
- Unaccompanied minors are not permitted in the waiting area at JBT.

COSTS & INSURANCE:

- Care sought outside of JBT will be subject to billing of your private insurance. Please contact your insurance carrier for information on your coverage and benefits.

- By signing this consent form, I authorize JBT to bill my health insurance for any **primary care services** received. If I do not want JBT to bill my insurer, I understand that I must notify the front office staff of this prior to my appointment and pay out of pocket for any services rendered. **We will not bill you or your insurance company for appointments with a psychologist or psychiatrist.**
- Ancillary services such as labs and imaging, will be subject to my insurance and billed by these respective OHSU departments.
- JBT providers are in-network with many insurance carriers and I understand my personal responsibility to understand the benefits and limitations of any non-SHIP carrier plan.
- JBT providers DO NOT change diagnosis codes for outside billing purposes unless clinically indicated.
- All postdoctoral scholars, students and their eligible spouses, domestic partners and adult dependents must have active health insurance in order to receive treatment at JBT.
- Students who have graduated, withdrawn, or are on leave of absence for any reason are not eligible for services at JBT. In addition, their spouses, domestic partners and adult dependents are also ineligible for services at JBT.

MAINTENANCE OF RECORDS:

- JBT uses an electronic charting system (Epic) that permits confidential JBT records to be separate and not available through general OHSU Epic records. Some components of your record may not be kept behind the firewall. Please ask your provider if you have specific questions about this.
- The health record is protected using administrative, physical and technical safeguards as required by OHSU policy and procedures, along with applicable federal and state laws and regulations including the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- Relevant information from records will be forwarded to appropriate professionals as permitted or required by applicable law or with proper written authorization.
- See JBT Confidentiality Statement for more information.

IF YOU ARE DISSATISFIED:

- JBT is committed to providing quality care.
- If you are dissatisfied with any aspect of the service provided, you are strongly urged to speak with your provider about your concerns.
- If the difficulty cannot be resolved by working with your provider, or you do not feel comfortable in doing so, you may address your concerns to the JBT Practice Manager. The Practice Manager can be reached at askjbthealth@ohsu.edu or by phone at (503) 494-8665.
- Alternatively, we encourage you to provide feedback via the patient satisfaction survey, sent via MyChart after every primary care appointment at JBT.
- We also have feedback cards located in the lobby of both primary and behavioral health clinics. These cards are anonymous and can be placed in the locked gray box.

HEALTH CARE CONSENT:

- By signing below, you request and agree to receive services provided by the health care professionals authorized to care for you at JBT. You also understand:
 - There may be risks and alternatives to a particular treatment or procedure that your health care provider recommends.
 - We encourage you to ask questions or ask for more information about the care you receive at JBT.

By signing below, you acknowledge and agree that you have read and understand the information presented above and that you will raise any questions that you might have regarding this information with your provider.

Patient Signature: _____ Date: _____ Time: _____

Printed Name: _____ ID #: _____

JBT CONFIDENTIALITY STATEMENT

- We function as an independent clinical entity distinct from your academic and research program, as well as from OHSU Hospitals and Clinics.
- All information disclosed within primary care and behavioral health appointments is confidential and may NOT be revealed to anyone outside JBT without your written permission, except as allowed by law.
- We will not disclose any medical or behavioral health information to the faculty, associate deans, program directors, administrators, or principal investigators except with your written permission, or as may be allowed under FERPA and required by law. See more details below.
- Because JBT promotes a holistic view of health that recognizes the interrelatedness of physical and mental health, a close working relationship exists between primary care and behavioral health providers within JBT. Providers sometimes consult with one another to help assure that you receive the care you need.
- JBT maintains confidential records of all patient contacts in accordance with state and federal law, and professional ethical guidelines established for all staff. All electronic medical records are kept behind an electronic firewall (similar to psychiatric records) which prevents all non-JBT healthcare providers at OHSU from viewing any JBT clinic notes.
- If you wish to read your records or release them for purposes other than direct medical care, it is our preference that you make an appointment with a provider to discuss the implications of releasing your record. If you wish to obtain a copy of the records you must also pay a fee based on the number of pages.
- MyChart is the preferred and most confidential form of electronic communication between you and JBT. We prefer not to use email to communicate, except for appointment reminders or issues around scheduling. If you email us for other concerns, we will attempt to redirect you to use MyChart.
- If we refer you to another provider, relevant information from records may be forwarded as permitted under FERPA or HIPAA, in order to ensure continuity of care.
- All faculty providers in the JBT Health & Wellness Center are prohibited from ever grading or evaluating our patients in any of their educational or training settings. While we might meet with or speak to student or postdoctoral groups in an academic setting, responses, attendance or any form of evaluation is strictly prohibited.

In certain circumstances, providers may share information about you without your permission as may be permitted or required under applicable law, including FERPA or HIPAA. Providers may need to release certain information in circumstances including but not limited to the following:

- You indicate intent to harm yourself or others.
- You reveal abuse or neglect of a child, or of an elderly, dependent, or disabled person.
- You have a medical emergency.
- You are diagnosed with a reportable disease as required by the State Health Department.
- A court of law orders disclosure of information about your treatment.
- A provider has reason to believe that you are impaired in your ability to safely care for patients.
- A provider has reason to believe that you have violated OHSU's Code of Conduct in a way that jeopardizes your safety, or the safety of your peers or patients.
- Under the Patriot Act, we may be required to disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials. By law we cannot reveal to you when we have disclosed such information to the government.

Please sign below to indicate that you have read and understood JBT's policies and procedures, your rights and responsibility, and limits of confidentiality. You also agree that you will raise any questions you might have about this information with your provider.

Signature: _____ Date: _____

Print Name: _____