



**STUDENT HEALTH & WELLNESS CENTER
CONFIDENTIALITY STATEMENT**

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

Patient Identification

- 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 of the Student Health & Wellness Center 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, as required by law or as may be allowed by law. See more details below.
- Because the Student Health & Wellness Center 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 the Student Health & Wellness Center. Providers sometimes consult with one another to help ensure that you receive the care you need.
- The Student Health & Wellness Center 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-Student Health & Wellness Center healthcare providers at OHSU from viewing any Student Health & Wellness Center 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.
- MyChart is the preferred and most confidential form of electronic communication between you and the Student Health & Wellness Center. 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 (as applicable) in order to ensure continuity of care.
- All faculty providers in the Student 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 (as applicable). For example, 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 the Student Health & Wellness Center'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

Printed Name

Date

ONLINE 9/19 (Supersedes 9/15)

TC-OP- 4821