| OHSU | Oregon Health & Science University<br>Hospitals and Clinics | ACCOUNT NO.<br>MED. REC. NO.<br>NAME |
|------|---|--------------------------------------|
|      | STUDENT HEALTH & WELLNESS<br>CENTER<br>CONSENT TO TREATMENT | BIRTHDATE                            |
|      | Page 1 of 3   | Patient Identification               |
|      |   |                                      |

Welcome to the Student Health & Wellness Center. 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 postdoctoral scholars 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 the provider will make a recommendation. These additional services may include resources offered by the Student Health & Wellness Center, and/or referrals to other OHSU or community offerings

### 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 the Student Health & Wellness Center or to a provider outside of the Student Health & Wellness Center.

### **ELIGIBILITY FOR SERVICES:**

- During the academic year, currently enrolled OHSU students and postdoctoral scholars are eligible for services at the Student Health & Wellness Center.
- OHSU students' spouses, domestic partners and adult dependents over 18 years old with verified insurance coverage are also eligible for primary care service and behavioral health couples counseling. We do not provide services for children at the Student Health & Wellness Center.
- Patient concerns that are beyond the scope of care provided by the Student Health & Wellness Center 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 the Student Health & Wellness Center will be subject to billing of your private insurance. Please contact your insurance carrier for information on your coverage and benefits.

# AVAILABILITY OF SERVICES:

- The Student Health & Wellness Center is open Monday through Friday.
- The Student Health & Wellness Center is closed on weekends.
- Patients requiring urgent services when the Student Health & Wellness Center 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 Student Health & Wellness Center nurse call line." If you cannot wait for a return phone call, please do not hesitate to contact 911 for emergency assistance.
- The Student Health & Wellness Center 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 the Student Health & Wellness Center.



STUDENT HEALTH & WELLNESS CENTER CONSENT TO TREATMENT ACCOUNT NO. MED. REC. NO. NAME BIRTHDATE

Page 2 of 3

Patient Identification

#### **COSTS & INSURANCE:**

- Care sought outside of the Student Health & Wellness Center 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 the Student Health & Wellness Center to bill my health insurance for any primary care services. If I do not want the Student Health & Wellness Center 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 the respective OHSU departments.
- The Student Health & Wellness Center 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.
- The Student Health & Wellness Center providers DO NOT change diagnosis codes for outside billing purposes unless clinically indicated.
- All postdoctoral scholars, students and student's eligible spouses, domestic partners and adult dependents must have active health insurance in order to receive treatment at the Student Health & Wellness Center.
- Students who have graduated, withdrawn, or are on leave of absence for any reason are not eligible for services at the Student Health & Wellness Center. In addition, their spouses, domestic partners and adult dependents are also ineligible for services at the Student Health & Wellness Center.

# MAINTENANCE OF RECORDS:

- The Student Health & Wellness Center uses an electronic charting system (Epic) that permits confidential Student Health & Wellness Center 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 the Student Health & Wellness Center Confidentiality Statement for more information.

# IF YOU ARE DISSATISFIED:

- The Student Health & Wellness Center 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 Student Health & Wellness Center Practice Manager. The Practice Manager can be reached at <a href="mailto:shw@ohsu.edu">shw@ohsu.edu</a> or by phone at (503) 494-8665.

|  | Oregon Health & Science University<br>Hospitals and Clinics |   |  |  |
|--|---|---|--|--|
|  | -   | ACCOUNT NO.   |  |  |
| OHSU   | STUDENT HEALTH & WELLNESS<br>CENTER                         | MED. REC. NO.   |  |  |
|  | CONSENT TO TREATMENT  | NAME  |  |  |
|  |   | BIRTHDATE   |  |  |
|  |   | Patient Identification  |  |  |
|  | Page 3 of 3   |   |  |  |
| <ul> <li>Alternatively, we encourage you to provide feedback via the patient satisfaction survey, sent via MyChart<br/>after every appointment at the Student Health &amp; Wellness Center.</li> </ul> |   |   |  |  |
| <ul> <li>We also have feedback cards located in the lobby of the primary and behavioral health clinics. These cards are anonymous and can be placed in the locked gray box.</li> </ul>                 |   |   |  |  |
| HEALTH   | H CARE CONSENT:   |   |  |  |
| •  |   | receive services provided by the health care professionals alth & Wellness Center. You also understand: |  |  |
| <ul> <li>There may be risks and alternatives to a particular treatment or procedure that your health care provider recommends.</li> </ul>  |   |   |  |  |
| <ul> <li>We encourage you to ask questions or ask for more information about the care you receive at the<br/>Student Health &amp; Wellness Center.</li> </ul>  |   |   |  |  |
| your p   | ignature:   | tions that you might have regarding this information withDate:Time:                                     |  |  |
|  |   |   |  |  |
| Printed N  | ame:  | ID #:   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |