



**STUDENT HEALTH & WELLNESS
CENTER
CONSENT TO TREATMENT**

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

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 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 referrals to another provider within Student Health & Wellness Center or to a provider outside of Student Health & Wellness Center.

ELIGIBILITY FOR SERVICES:

- During the academic year, currently enrolled OHSU students and postdoctoral scholars are eligible for services at Student Health & Wellness Center.
- OHSU students and postdoctoral scholars' 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 Student Health & Wellness Center.
- Patient concerns that are beyond the scope of care provided by 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 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 SERVICE:

- Student Health & Wellness Center is open Monday through Friday.
- Student Health & Wellness Center is closed on weekends.
- Patients requiring urgent medical or behavioral health support when the Student Health & Wellness Center is closed may access after-hour support by calling our main line – (503) 494-8665. Choose option 5 for



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- after-hours crisis behavioral health support. Choose option 6 for the after-hours nurse call line and 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.
- 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.
- Unattended minors are not permitted in the waiting area at Student Health & Wellness Center.

COSTS & INSURANCE:

- Care sought outside of 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.
- Student Health & Wellness Center will bill your health insurance for any primary care services. If you do not want Student Health & Wellness Center to bill your insurer, you must notify the front office staff of this prior to your 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 your insurance and billed by the respective OHSU departments.
- Student Health & Wellness Center providers are in-network with many insurance carriers and you understand your personal responsibility to understand the benefits and limitations of any health insurance plan, including the student health insurance plan.
- Student Health & Wellness Center 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 Student Health & Wellness Center.
- Students who have graduated, withdrawn, or are on leave of absence for any reason are not eligible for services at Student Health & Wellness Center unless otherwise approved for temporary care by their SHW provider(s). In addition, their spouses, domestic partners and adult dependents are ineligible for services at Student Health & Wellness Center if the student has graduated, withdrawn or are on a leave of absence.

MAINTENANCE OF RECORDS:

- Student Health & Wellness Center uses an electronic health record called Epic to keep track of your health history while being seen in the Student Health & Wellness Center.
 - **If you are an OHSU Student**, your Student Health & Wellness Center records are confidential and will be maintained separately from medical records created at OHSU hospitals and clinics. Your encounters at the Student Health & Wellness Center are not viewable by OHSU providers outside of Student Health.
 - **If you are not an OHSU Student**, your medical records are confidential but will be part of the OHSU medical record and they may be viewable to other OHSU providers if there is a clinical need. This is the same as if you were seen at any OHSU hospital or clinic. Please see [OHSU's Notice of Privacy Practices](#) for more information.
 - Please ask your provider if you have specific questions about this.



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- 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 Student Health & Wellness Center Confidentiality Statement for more information.

IF YOU ARE DISSATISFIED:

- 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 via email at shw@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 appointment at Student Health & Wellness Center.

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 Student Health & Wellness Center. You also understand:
 - There may be risks and alternatives to a particular treatment or procedure that your health care provider recommends.
 - By signing this consent form, you authorize Student Health & Wellness Center to bill your health insurance for any primary care services unless you have indicated you will pay for services out-of-pocket. You agree to pay within 30 days following OHSU's notification of any charges you owe which are not covered by or will not be paid by insurance.
- We encourage you to ask questions or ask for more information about the care you receive at Student Health & Wellness Center.

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#: _____