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**University Wellness Center**

1420 Austin Bluffs Parkway

Colorado Springs, CO 80918

Phone: (719) 255-4444

**CONSENT TO SERVICES,** **STUDENT PRIVACY RIGHTS, AND DISCLOSURE**

*The following provides important information about our services AND your rights regarding your health records. Please read what follows carefully and sign below. If you would like a copy of this information, ask your wellness provider, or find it on the UCCS wEBSITE AT* [*http://www.uccs.edu/RECWELLNESS/HEALTH-SERVICES/GENERAL-INFORMATION/FORMS.HTML*](http://www.uccs.edu/RECWELLNESS/HEALTH-SERVICES/GENERAL-INFORMATION/FORMS.HTML)

The UCCS Wellness Center (“Wellness Center”) offers a variety of clinical and support services including medical, psychological, and psychiatric. The UCCS clinical services are provided by professional, credentialed physicians, nurse practitioners, psychologists, counselors, a psychiatric nurse practitioner, and other health care providers.

**Eligibility for clinical and support services and referrals to the community:** The Wellness Center provides services to currently enrolled students. Services are provided based on the urgency of presenting concerns and the availability of treatment. Should you require services that the Wellness Center does not provide, we will provide a referral to a treatment provider in the community, and in some instances the provider may provide support and direction as you secure these community based services. Examples of the kind of services not offered at the Wellness Center include specialized health care, court-mandated treatment, long-term/intensive treatment, and other forms of specialized treatment.

**Emergency services:**

* The Wellness Center is not equipped to provide emergency medical services. In the event you need emergency care that we are unable to provide, we will transfer you to a higher level of care. For on-campus emergencies, you can contact the UCCS Public Safety dispatcher by calling 719-255-3111. For off-campus emergencies, you can call 911, or go to an urgent care center or hospital emergency room.
* In the event of a mental health emergency that occurs during regular business hours, come directly to the Wellness Center and inform the front desk staff that it is important that you see a counselor right away. After regular business hours, or if you have an emergency off campus, go to the nearest hospital or emergency room, or please call the following numbers;
  + - For medical emergencies: 911
    - Local mental health crisis lines: 719-635-7000 or 719-572-6330
    - Suicide Prevention Partnership Crisis Line: 719-596-5433
    - National Suicide Prevention Lifeline: 1-800-273-8255 or TTY 1-800-799-4889

**Confidentiality and Privacy:** The clinical and support services provided by the Wellness Center are kept confidential in a manner consistent with applicable law. The clinical providers work collaboratively to provide students with the best care possible, and this may involve sharing information about students between health and mental health staff. This information may include any clinically relevant information deemed necessary for coordinating clinical and support services between health and mental health clinicians and providers.

\_\_\_\_\_\_(Initial)  I understand that the Wellness Center clinical staff, including medical and mental health providers, share my records for the purposes of coordinating clinical and support services within the Wellness Center.

Your health records are considered confidential. The primary laws that may be applicable to your health records are the Family Educational Rights and Privacy Act (“FERPA”) and Colorado law.

**FERPA Protections:**

FERPA protects the privacy of your educational records, and does not allow disclosure outside of UCCS without your consent, except in limited circumstances. Examples of your educational records may include billing or tracking of visits. Please see the following for [additional information on FERPA](http://www.uccs.edu/ir/help/ferpa.html), <http://www.uccs.edu/registrar/ferpa-%28the-family-educational-rights-and-privacy-act%29.html>.

**State Law Protections:**

FERPA does not cover your treatment records, which are defined as records that are made or maintained by a health care professional; are used only for your medical or psychological treatment; and are available only to treatment providers. Colorado state law protects your privacy rights.

**Medical Health Records:**

State law indicates that your medical health records are protected by privilege and are generally confidential. Subject to exceptions provided by law, UCCS physicians and certified nurse practitioners, as well as members of their staff, will not disclose any medical information gathered for your treatment without your consent. C.R.S. §13-90-107(d).

**Mental Health Records:**

State law provides that your mental health records, which includes any communications you have with a Wellness Center mental health professional or their colleagues, are confidential and are protected by privilege. Subject to specific exceptions provided by law, mental health records should generally remain confidential and should not be revealed without your consent. C.R.S. § 27-65-121. Further, during litigation, mental health professionals will not disclose any communications or advice given during the course of treatment without your consent. C.R.S. §13-90-107(g).

**Disclosure:** UCCS is committed to maintaining the privacy of information that you provide to us. It is the general practice of UCCS to only use or disclose protected information when you have provided written consent for such use or disclosure. You are able to revoke this consent in writing at any time. The Wellness Center clinical and medical providers will not disclose information to others about you without your written permission except where such disclosure is required or permitted by law. The following are examples of when such disclosure may occur:

* When the information is disclosed to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment.
* If through communication with you, UCCS becomes aware that a child under 18, a developmentally disabled person, or an elderly person may be abused, exploited or neglected;
* If you become a danger to others. UCCS is required to take steps to protect the other person(s) and you by warning the other person(s) at risk and by reporting the danger to appropriate authorities;
* If you became unable to take care of your basic needs or become a danger to yourself or others and also refuse treatment;
* If UCCS staff reasonably believe that disclosure will avoid or minimize an imminent danger to the health or safety of yourself or any other individual, they may disclose information (to the extent necessary) to any person, including law enforcement;
* If a professional licensing board subpoenas your provider or therapist as part of its investigation, hearing, or proceedings related to the discipline, issuance or denial of licensure of state licensed psychologists.
* If you are involved in a court proceeding and a court orders the release of information about the professional services that the Wellness Center has provided to you or any related records;
* If you are under 18-years-old, your parents or legal guardian may have access to your treatment records.

In addition to the above listed exemptions to confidentiality, the Wellness Center clinical and medical providers are also mandated to report certain conditions per state and federal laws which affect public health and safety. Some of these include certain trauma related injuries and sexually transmitted infections. For more information about these exemptions, please contact your healthcare provider.

\_\_\_\_\_\_ (Initial) I have read and understand the policies related to confidentiality and its limitations outlined above.

**Consent to permit testing after an occurrence of a blood or body fluid exchange:** In the course of care and treatment, Wellness Center workers may be accidentally exposed to a client/patient’s blood or body fluids (through needle sticks, blood splatters, etc.). Communicable diseases, including the HIV virus that causes AIDS, are known to be transmitted through accidental exposures of this type. When a Wellness Center worker is exposed to a client/patient’s blood or body fluid, the client/patient may be required to be tested for HIV antibody and other communicable diseases in order to determine whether an actual exposure has occurred. This information is necessary so that the Wellness Center worker can receive appropriate counseling and medical treatment. I understand and agree, that in the event a Wellness Center worker is exposed to my blood or body fluids, my blood will be tested, at no cost to me, in a confidential manner, for HIV antibody, and other communicable diseases. The results of these tests will not prejudice my client/patient relationship by receiving services offered by the Wellness Center.

**Fee for Service:** The Wellness Center renders quality care to client/patients and preserves the dignity and confidentiality of client/patients while receiving appropriate payment for services provided. The cost of services provided by the Wellness Center is the responsibility of the client/patient. Payment is expected at the time of service unless arrangements have been made prior to treatment. Client/patients with concerns about ability to pay should speak with their provider, clinician, or front office personnel. Complaints related to charges shall be directed to the Office Manager or the Director for resolution. Student accounts may be placed on hold for any outstanding balance on the Wellness Center account, which could result in a hold of grades and transcripts, and you may be sent to state collections. Client/patient statements are available at the Wellness Center front desk or at the Bursar’s Office for outstanding account balances. Statements can only be given to the patient. The University’s policy for a returned check is a $20 charge to the student’s account.

**Cancellations/Late for Appointment:** Except in case of emergency or illness, health and mental health appointments should be cancelled at least 24 hours ahead of time. Failure to cancel at least 2 hours ahead of time will result in billing for the missed appointment. Check in time is 15 minutes prior to the scheduled appointment. Clients/patients arriving past check-in time may be asked to reschedule their appointment.

I have been offered a copy of Consent to Services, Student Privacy Rights, and Disclosure. I have read the preceding information, and I understand my rights as a student-patient of the Wellness Center.

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Printed Name Student ID #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Name Today’s Date

For Official Use Only

We have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Patient Privacy Rights. Acknowledgement could not be obtained for the following reason(s):

🞎 Client/Individual refuses to sign. Date of refusal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Communications barriers prohibited obtaining an acknowledgement

🞎 An emergency situation prevented us from obtaining an acknowledgement

🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attempt was made by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_