



CONSENT FOR TREATMENT BY THE WELLNESS CENTER (p. 1 of 2)

The Wellness Center provides medical services, including evaluation and treatment recommendations, and counseling services, including walk-in/crisis counseling, individual and group counseling, consultation, and assessment, to all eligible students. Medical services are provided by NY State licensed practitioners and counseling services are provided by NY State licensed practitioners, NY State limited permit holders, and graduate students of the profession under licensed supervision. Wellness Center services are covered through the student wellness fee and so the center does not bill for these services or for point of care testing performed on campus/within the Wellness Center.

Confidentiality & Privacy Practices

Wellness Center staff and professionals make every best effort to ensure privacy and confidentiality. In addition to Wellness Center staff, I may be assisted by medical, nursing, and counseling students who are shadowing, assisting, or practicing with supervision in the Wellness Center in a professional manner. Wellness Center medical and mental health professionals may privately and securely discuss certain aspects of my health and wellness, to provide quality, comprehensive care. I understand that my medical/mental health records are confidential and maintained securely and separately from my academic records. Advance written permission is required before sharing any protected health information, except in the event of a life-threatening and/or serious illness or injury, of which the Wellness Center is aware, a parent/guardian may be notified at the discretion of the professional staff. Limited health information may be shared with Campus Safety and/or Residential Director, if relevant to my immediate safety and wellbeing.

Other situations where the Wellness Center may use or disclose health information without your written permission includes:

- In the event of an emergency medical staff at Roberts Wesleyan University Wellness Center may provide, coordinate, and manage health care and related services. This may include coordinating and communicating with other health care providers regarding your medical history and treatment as well as securing transport to a higher level of care.
- If you are under 18 years of age, we may disclose medical information to a parent, guardian, or other person responsible for the minor except in circumstances when law protects such information.
- Where required by county, state or federal law (danger to self or others, subpoena by court due to civil or criminal litigation, legally required morbidity reporting to public health officials).

Protected health information (PHI) may be used or disclosed for the purposes of obtaining my medication/prescription history when using an electronic system to process prescriptions for medical treatment.

PHOTOGRAPHY AND AUDIO/VIDEO RECORDING IS PROHIBITED AT ALL TIMES. Due to the sensitive and confidential nature of the services provided at Student Health and Counseling Services, the recording of audio, visual images, or any other data by any device anywhere within the Center by any person is prohibited without express written permission.

Health Services

I hereby consent to medical care from the Roberts Wesleyan University Wellness Center. I also authorize such treatment, x-rays, labs, or other diagnostic studies and assessments as, in the judgment of the attending professional, may reasonably be necessary to assist me, and/or preserve and protect my health. I understand that no guarantee can be made as to the results of the treatments or examinations at the Wellness Center. I understand I have the right to be informed about my condition and treatment recommendations so that I may make an informed decision whether to undertake any suggested treatment/procedure after knowing the benefits and risks involved. I understand that I have the right to discontinue services at any time.



CONSENT FOR TREATMENT BY THE WELLNESS CENTER (p. 2 of 2)

Counseling Services

I hereby consent to walk-in/crisis counseling and brief individual counseling or consultation services from the Roberts Wesleyan University Wellness Center. Counseling services are voluntary. I understand that if deemed necessary, the counselor may request a welfare check be completed, request a mobile crisis visit, contact local authorities and/or 911. I understand that the counselor may also make recommendations or referrals for alternative treatment that may better meet my needs. I understand that if I decide to pursue counseling services through the Wellness Center that I will be provided with detailed information about counseling practices, policies, and procedures, and will be asked to sign an informed consent statement at the time I wish to receive services.

Acknowledgement of Financial Responsibility

While all Wellness Center services administered on campus are covered by the Wellness Fee, I understand that I am responsible for all charges billed to me that are not otherwise covered by the Wellness Fee or my health insurance. This may include any reference labs or referrals to community providers/clinics. Reference labs (i.e. URM) are used for testing that is not completed at Roberts Wesleyan University and services are subject to your health insurance and/or fee through the facility. I acknowledge and understand that my insurance information will be used for laboratory testing at these labs. Referrals to any providers/clinics/other off-campus services are subject health insurance/fees through that facility. I authorize Roberts Wesleyan University to send my insurance information to the reference lab for billing purposes, and I will be responsible for any charges rendered by that lab.

EMERGENCY SERVICES AUTHORIZATION

In the event of an emergency, I voluntarily give consent for Roberts Wesleyan University to arrange for emergency medical and/or dental care and treatment necessary to preserve my health, as may in their professional judgment be necessary for my emergency care. I give permission for institution staff personnel, in their best judgment, to provide first aid and take appropriate measures, including contacting Emergency Medical Services and arranging for transportation to the nearest emergency medical facility. I will be responsible for all charges in connection with the care and treatment rendered during this period of time.

I do hereby release Roberts Wesleyan University, health care providers, and staff members from any liability whatsoever arising out of injury, damage, or loss, which may be sustained by me following treatment in the Wellness Center. My signature certifies that I have read and understand the above statements and voluntarily consent to its contents.

Student's Name (Print)

Student's Date of Birth

Student's Signature

Today's Date

Students Under 18

I grant permission to Roberts Wesleyan University Wellness Center (to include health and counseling services) to treat my child as may be necessary, and to refer to private care when special service is needed.

Parent/Guardian Name (Print)

Relationship

Parent/Guardian Signature

Today's Date

Consent remains valid until you are no longer a student at Roberts Wesleyan University.