



The Wellness Center offers medical services (provided by NY State licensed practitioners) and mental health services (provided by NY State licensed practitioners, and limited permit holders and graduate students under licensed supervision) to all eligible students. The Wellness Center does not bill insurance or collect payment for any services or point of care testing performed on-site.

HEALTH SERVICES

Available health services include basic medical care, testing, evaluation, treatment, and recommendation, as deemed advisable by the medical provider. No guarantee or assurance will be made as to the results of medical treatment or examination. On occasion a reference lab is used for testing that cannot be completed on-site. These services are separate from the Wellness Center and subject to insurance and/or fees from the lab/facility. The Wellness Center may share allergy and/or immunization information with relevant entities on campus (i.e. registrar, student life, academic affairs, athletics) on a need-to-know basis, as determined by the University.

COUNSELING SERVICES

Available counseling services include urgent care/crisis counseling, consultation, individual, and group counseling. A detailed informed consent is provided to any student wishing to engage in routine counseling. Urgent care/crisis counseling visits typically consist of assessment by a staff counselor, intervention, safety-planning, and recommendation for follow-up care. Although rare, the counselor may determine a higher level of care or alternative treatment may be clinically appropriate to address immediate needs or safety. This may include (but is not limited to), a request for welfare check, referral for mobile crisis intervention, and/or contacting 911. Occasionally, a counselor may communicate with a Residence Director and/or Campus Safety officer on a limited, need-to-know-basis, to ensure student safety. Student privacy and confidentiality are a priority whenever essential collaboration must take place.

CONFIDENTIALITY AND PRIVACY PRACTICES

All information provided to the Wellness Center is confidential. Written permission is required to release any information to other parties except as allowable by law for treatment and healthcare operations. Situations where we may use or disclose protected health information about you without your written permission includes:

- 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).
- In the event of an emergency, medical or counseling staff may provide, coordinate, and manage health care and related services. This may include coordinating and communicating with other health care providers regarding your medical/psychiatric history and securing transportation to a higher level of care.
- If a student is 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.
- For the purposes of obtaining medication history when using an electronic system to process prescriptions for treatment

PHOTOGRAPHY AND AUDIO/VIDEO RECORDING IS PROHIBITED AT ALL TIMES.

AUTHORIZATION FOR EMERGENCY MEDICAL SERVICES OR TREATMENT

I voluntarily give consent to Roberts Wesleyan University and its agents or representatives, to obtain and authorize emergency medical and/or dental treatment as is necessary to protect my/my child's health and well-being. This includes first aid measures, contacting Emergency Medical Services (EMS), authorization for emergency treatment, anesthesia, and/or surgery as deemed necessary. I consent to Roberts Wesleyan University disclosing any and all of my medical information in its possession for the sole purpose of assessing my medical needs or obtaining medical services on my behalf. I agree to be held responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

I hereby release and agree to hold harmless Roberts Wesleyan University and its Board of Trustees, directors, officers, employees and agents from any and all claims which may arise from said medical treatment. My signature certifies that I have read, understand, and agree to all statements and voluntarily consent to its contents. I consent to medical examination and treatment for myself/my child. I consent to urgent care/crisis counseling and consultation services for me/my child.

This consent will remain valid from the date of signature until you are no longer enrolled at Roberts Wesleyan University.

Student Name (print)

____/____/____
Birthdate

Student Signature

____/____/____
Date

Parent/Guardian Name (print)

Parent/Guardian Signature if less than 18 (relationship to student)

____/____/____
Date