UCI Student Health Center

501 Student Health
Irvine, CA 92697-5200

(949) 824-5301
(949) 824-3033 FAX
www.shc.uci.edu

PATIENT CONSENT FOR TREATMENT, ACKNOWLEDGEMENTS and NOTICE OF PATIENT RIGHTS/RESPONSIBILITIES

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that the UCI Student Health Center (SHC) has provided its Notice of Privacy Practices (NPP) on its website and that I have been offered a copy prior to my visit with a provider. I have also been given a chance to discuss my concerns and questions about the privacy of my health information. I understand that if I have further questions or concerns, I may contact SHC's Administrative Director at 949.824.5301 for clarification or additional information.

ACKNOWLEDGEMENT OF USE OF STUDENT TRAINEES

I acknowledge that SHC utilizes health provider student trainees such as fellows, residents and/or student interns, in conjunction with licensed professionals, to deliver services to UCI students and I consent to receiving treatment from such trainees. All treatment rendered by a trainee will be under the direction and supervision of a licensed professional.

THE 21st CENTURY CURES ACT

The 21st Century Cures Act, passed in 2016, adds additional requirements to existing law related to sharing electronic health information with patients. These requirements were finalized by the Office of the National Coordinator for Health Information Technology (ONC) in its Final Rule published on May 1, 2021. These requirements are intended to make clinical information more readily available to patients by removing barriers and delays often associated with the release of medical information. The UCI Student Health Center will ensure that most of your electronic health records are directly visible to you at no cost on the secure Student Health Patient Portal. However, certain exceptions apply to the release of electronic health records under this law. Therefore, please refer to Information Blocking Exceptions and Information Blocking FAQ's webpages on ONC's website for additional information.

PROMPT SERVICE/HOURS OF OPERATION/SERVICES PROVIDED

SHC strives to be prompt, but occasionally appointment delays occur. If I am experiencing an urgent problem, I will inform SHC staff immediately. I may be able to receive services on a same-day appointment basis by calling 949.824.5304. Staff are available by phone and in person to answer my questions. Services provided by SHC are posted on the website at www.shc.uci.edu. Hours of operation are posted at the front door of SHC and on the website.

APPOINTMENT CONFIRMATION AND REMINDER/SECURE MESSAGING

An email reminder will be sent three days prior to my scheduled appointment. I will also receive a text reminder one hour prior to my appointment. Secure messaging by way of the secure Student Health Portal is the primary means of contact with patients, and I agree to read and respond to all secure messages sent to me in a timely manner. I understand that I have the option to receive appointment reminders and secure message notifications by text and that I can activate this function on the portal. I will utilize the portal at https://osh.shs.uci.edu to request new or refill prescriptions, to initiate a discussion with and/or respond to a provider, to request medical records, and to send messages to SHC departments for questions that I may have.

FINANCIAL RESPONSIBILITY

I am aware that a Statement of Financial Responsibility is available on the SHC website and that a printed copy is available to me if requested. The Fees for Most Common Services rendered at SHC and SHC's payment policies are also available on the website. I can request an estimate of charges from the Billing Services department prior to the rendering of any services. I am responsible to pay the amount for which I am responsible for any and all services rendered at SHC. All charges are transferred to and payments are made on my campus billing account. SHC does not bill insurance companies other than UC SHIP. I can request a copy of an itemized statement to send to my own insurance company to seek reimbursement.

FEES FOR MISSED APPOINTMENT OR LATE CANCELLATION

I understand that my appointment time is reserved exclusively for me. If I miss my appointment or cancel

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with less than a twenty-four hour notice, a fee will be charged to my campus billing account.

MENTAL HEALTH CARE

If I receive Psychiatry services, my initial session will be devoted to discussing my concerns and determining what treatment will be appropriate for me. I agree to follow the treatment plan prescribed by my Psychiatrist and to participate in ongoing care.

MEDICAL EMERGENCIES

SHC is not an emergency facility. For a life-threatening **medical emergency**, I will call 911 to report and/or access emergency services. I am aware that the options for accessing non-emergency care when Student Health Center is closed are available on SHC's website at Emergency Services and After Hours Care.

NOTICE OF MEDICAL RECORD RETENTION POLICY

I acknowledge and accept that all medical records will be maintained according to state and federal laws. In accordance with University policy, Student Health Center will retain my medical records for a period of ten years from the date of my last visit and radiographic images from the date of last activity. A process for confidential record destruction is utilized to ensure that my medical record is destroyed in such a way as to prevent any possibility of reconstruction of the information. "Certificates of Destruction" are obtained from the facility authorized to destroy records and maintained by SHC.

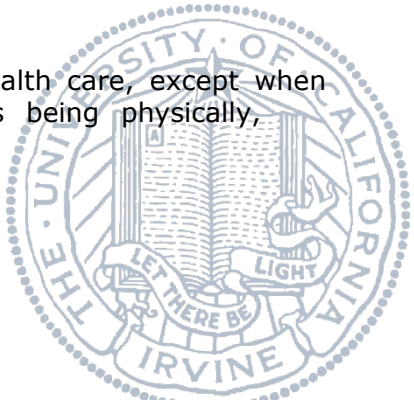
ADVANCE DIRECTIVES

Under California state law, you have a legal right to express your health care wishes and to have them considered in situations when you are unable to make these decisions yourself. For information regarding advance care planning and to access the advance directive form, please visit the UCI Health Advance Care Planning website.

PATIENT RIGHTS and RESPONSIBILITIES

You have the **RIGHT** to…

1. Be treated with respect, consideration and dignity without regard to race, national origin, age, gender, gender identity, sexual orientation, religion, political belief, or handicap.
2. Privacy regarding all aspects of your treatment at check-in and in evaluation and treatment areas.
3. Request and receive information concerning your diagnosis, evaluation, treatment and prognosis, in easily understandable terms. This includes your right to review your medical record and/or receive a copy of it. When it is medically inadvisable to give such information to you, such as being physically, mentally or emotionally incapacitated, the information will be provided to a person designated by you or to a legally authorized person.
4. You have the right to prompt access to most of your electronic health records vis-à-vis your Student Health Patient Portal in accordance with the 21st Century Cures Act. However, certain exceptions apply to the release of electronic health records under this law.
5. Have a clinical chaperone (nurse or medical assistant) present in the exam or treatment room during a sensitive exam or procedure. I also have the right to decline a chaperone and, in such cases, I realize that my appointment may need to be rescheduled if my provider insists that a chaperone be present. I will be offered the options of a) a chaperone; b) no chaperone; or c) rescheduling at a different time to a provider of choice.
6. Receive interpretation services upon request.
7. Have the opportunity to participate in decisions involving your health care, except when such participation is contraindicated for medical reasons, such as being physically, mentally or emotionally incapacitated.



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8. Change health care providers if other qualified health care providers are available.
9. Be informed regarding your treating professional's credentials. I also understand that all healthcare professionals rendering services at SHC must maintain professional liability insurance coverage.
10. Receive and review a current copy of the NOTICE OF PRIVACY PRACTICES. It can be found on SHC's website at Medical Records and Health Information.
11. Reasonable response to your request for services, to offer suggestions for improving services, to file a grievance, information on procedures for filing a grievance and how to make external appeals. Procedures for expressing suggestions, complaints and grievances are posted on our website at Feedback About Your SHC Experience.
12. Utilize the Student Health Center website at www.shc.uci.edu for information regarding all services offered in this clinic.
13. Receive an estimation of fees incurred at your visit prior to the fee being charged to your account.
14. Expect that when we are not open, information is available to you on how to access emergency medical and mental-health services and after-hours care here.

You have the **RESPONSIBILITY** to:

- Provide complete and accurate information to the best of your ability about your health; medications taken, including over-the-counter products and dietary supplements; and any allergies or sensitivities that you may have.
- Follow the agreed-upon treatment plan prescribed by your provider and participate in your care.
- Provide a responsible adult to transport you home from our facility and remain with you as directed by the provider and/or as indicated on discharge instructions.
- Inform your provider about any living will, medical power of attorney, or other directives that could affect your care.
- Accept personal financial responsibility for any charges not covered by insurance, for which you are responsible and that are transferred to your campus billing account.
- Be respectful of all health care professionals, staff, visitors and other patients.

By signing below, I indicate that I have read and understand the information presented on this form. Consent is also given to the care plan as explained to me by my healthcare provider. I understand that additional consents for specific treatment may be necessary and presented to me for signature by my provider or their designee prior to treatment being rendered. Upon my request, a copy of this document and any other consents or acknowledgements will be provided to me for my personal reference.

Signature	**Student ID #**	**Date**
Print your name legibly	**DOB**