SADDLEBACK COLLEGE STUDENT HEALTH AND WELLNESS CENTER

Confidentiality and Consent for Treatment Acknowledgment of Notice of Privacy Practices

Welcome to the Saddleback College Student Health and Wellness Center (SHWC). Your signature below indicates you are aware of the following policies and procedures regarding patient confidentiality, informed consent, consent for care using telehealth, and consent for treatment by a physician, nurse practitioner, registered nurse, clinical psychologist, or psychology intern therapist under the direct supervision of a licensed clinical psychologist. Additionally, your consent agrees to Medi-Cal and Family Pact billing and notice of privacy practices.

CONFIDENTIALITY: Information disclosed to SHWC staff is strictly confidential and will not be released to any third party without written authorization, except where required or permitted by law. Exceptions to confidentiality include, but are not limited to, reporting suspected child abuse, elder abuse, or dependent adult abuse; if the provider has knowledge or suspects that the patient may be a danger to her or himself or another person or property; if the patient is gravely disabled; or disclosure is court ordered. In some cases, photo documentation may be utilized in your health record. The SHWC may provide the individual with a summary of the requested protected health information (PHI), in lieu of providing access to the PHI. In the event a student is injured, or hospitalized, this document will serve as written consent to share confidential patient information as needed with necessary college or healthcare personnel.

INFORMED CONSENT: You have the right to be informed about medical and psychological treatment options and have the right to consent to or refuse any proposed treatment or test. You will be provided with a diagnosis or suspected diagnosis. You will be informed of the nature, purpose, potential risks, complications, and/or side effects of available treatment options. You will be informed of the possible consequences if medical advice/treatment is not followed.

CONSENT FOR TREATMENT BY A MULTIDISCIPLINARY TEAM: The SHWC staff functions as a multidisciplinary team for the purpose of maintaining continuity of care and providing the most effective and efficient treatment possible. Under certain circumstances, medical and psychological staff will exchange information regarding a patient. This exchange will only occur when it has been determined that is in the best interest of the patient, and only relevant information necessary to treat the patient will be exchanged. Psychotherapy services at the Student Health and Wellness Center are provided by doctoral-level psychology interns under the direct supervision of a licensed psychologist. Your treatment including telehealth incorporates the practice of healthcare delivery, diagnosis, consultation, treatment, transfer of health data, and education using interactive audio, video, or data communications including audio and/or video recording of psychological treatment.

RELEASE OF INFORMATION FOR REIMBURSEMENT: You authorize the SHWC to disclose relevant portions of your health record as necessary to determine responsibility for payment and obtain reimbursement. This disclosure may be made to relevant personnel, departments, or organizations that are or may be responsible for all or part of the charges, including but not limited to Human Resources, School of Health and Wellness, Athletics Department, Veterans Office, Saddleback College Foundation, Orange County Fire Authority, Medi-Cal, and Family Pact.

CANCELLATION POLICY: In order to cancel or reschedule any SHWC appointment, the patient must contact SHWC <u>at least 24 hours</u> in advance of the scheduled appointment. Failure to do so will result in your appointment being counted as a missed appointment. The SHWC requests that patients must check in for their scheduled appointments at least 10 minutes prior to their appointment. Should the patient be late to their appointment by 15 minutes or more, the staff reserves the right to cancel and count the appointment as a missed appointment. **Three missed appointments** will disqualify you from receiving medical or therapy appointments for the semester. Students will still be eligible for crisis and referral services.

Please note: The Saddleback College Student Health and Wellness Center is not a 24-hour care facility. If an emergency occurs after business hours, seek immediate medical or psychological attention at the nearest emergency room or call 911.

The Saddleback College Student Health and Wellness Center will provide you with a paper copy of their Notice of Privacy Practices at your request. This notice contains information about how your PHI will be protected and your rights as a patient.

I, the undersigned patient and/or legal guardian, authorize treatment including engaging in telehealth with staff at Saddleback College Student Health and Wellness Center and authorize any billing services, upon verification of eligibility, for Medi-Cal and/or Family Pact to submit claims for services to me and/or my minor children through electronic, paper, or computer media. I have read, understand, and agree to all of the above.

Print Name	Current Phone	Today's Date
Signature	Date of Birth	Student ID /Employee ID
Legal Guardian Print Name (for patients	under 18 years of age)	