

SADDLEBACK COLLEGE STUDENT HEALTH CENTER

Limitations on Patient
Confidentiality Consent for Treatment
Acknowledgement of Notice of Privacy Practices

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

CONFIDENTIALITY:

Information disclosed to Saddleback College Student Health Center 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 to another person or property; or if the patient is gravely disabled; or disclosure is court ordered. In some cases photo documentation may be utilized in your medical record. 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 treatment options and have the right to consent to or refuse any proposed treatment or test. You will be provided with a medical 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 SHC 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 Center are provided by doctoral level psychology interns under the direct supervision of a licensed psychologist. Psychotherapy sessions may be audio/video taped for supervision purposes.

CANCELLATION POLICY:

In order to cancel or reschedule any SHC appointment, the patient must contact SHC at least 24 hours in advance of the scheduled appointment. Failure to do so will result in your appointment being counted as a missed appointment. The SHC 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 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 Center will provide you with a paper copy of their Notice of Privacy Practices at your request. This notice contains information about how your Protected Health Information (PHI) will be protected and your rights as a patient.

I, the undersigned patient and/or legal guardian, authorize treatment by staff at Saddleback College Student Health Center and authorizes 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

Date

Signature

Student ID#

Legal Guardian Print Name (IF UNDER AGE 18)

Legal Guardian Signature

Witness (OFFICE USE ONLY)