



## Consent to Receive Services

*Welcome to the University of San Diego's Wellness Area! We appreciate your coming our way, and look forward to working with you. The following provides important information about our services. Please read what follows carefully and sign below. If you would like a copy of this information, ask your wellness provider, or find it on the Student Wellness Website ([www.sandiego.edu/wellness](http://www.sandiego.edu/wellness)).*

The University of San Diego's Wellness Area (USD-WA) offers a variety of clinical and support services including medical services from the Student Health Center, psychological and psychiatric services from the Counseling Center, clinical and recovery based support from the Center for Health and Wellness Promotion and support from the Disability and Learning Differences Resource Center. The USD-WA clinical services are provided by, or supervised by, professional, credentialed physicians, nurse practitioners, physician assistants, psychologists, counselors, a board-certified psychiatrist and other health care providers.

**Eligibility for clinical and support services and referrals to the community:** USD-WA provides services to currently enrolled students. Services are provided based on the urgency of presenting concerns and the availability of treatment. Should you require services that the Wellness Area does not provide, we will provide a referral to a treatment provider in the community, and in some instances the Wellness Area Case Manager may provide support and direction as you secure these community based services. Examples of the kind of services not offered at USD-WA include specialized health care, court-mandated treatment, long-term/intensive treatment, and other forms of specialized treatment.

### Emergency services:

- In the event of a mental health emergency that occurs during regular business hours, come directly to the Counseling Center and inform the front desk staff that it is important that you see a counselor right away. After regular business hours, contact the USD Public Safety dispatcher by calling 619-260-2222 and ask to speak with the Counselor on-call. You can also secure emergency services in the community by calling 911, calling the San Diego Mental Health Crisis Hotline at 800-479-3339, or going to an urgent care center or hospital emergency room.
- The Student Health Center is not equipped to provide emergency medical services. For on-campus emergencies you can contact the USD Public Safety dispatcher by calling 619-260-2222. For off-campus emergencies you can call 911, or go to an urgent care center or hospital emergency room. When the Student Health Center is closed, a health care provider is available by phone to answer urgent medical questions that cannot wait for office hours. To get a message to the on-call health care provider, call the Public Safety dispatch line: (619) 260-7777.

**Confidentiality and Privacy:** The clinical and support services provided by the USD-WA are kept confidential in a manner consistent with applicable law. The clinical providers work collaboratively to provide students with the best care possible, and this may involve sharing information about students between units, including the Student Health Center, the Center for Health and Wellness Promotion, the Disability and Learning Differences Resource Center, and the Counseling Center. This information may include any clinically relevant information deemed necessary for coordinating clinical and support services between the units.

For students, treatment of your health information is governed by the Family Educational Rights and Privacy Act (FERPA) and requirements of applicable California law, including the Confidentiality of Medical Information Act (CMIA), California Civil code Section 56-56.7. The Wellness Area clinical providers will not disclose information to others about you without your written permission *except where such disclosure is required or permitted by law*. The following are examples of when such disclosure may occur:

- When the information is disclosed to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment.
- When there is reasonable suspicion of abuse of children or elderly persons.
- If you are a serious danger to someone else.
- If you are likely to harm yourself unless protective measures are taken, we may take steps to protect you, including notifying your family of our concern.
- If you are unable to care for your most basic needs, or your health is in serious danger.
- If your treatment records are compelled to be produced pursuant to a subpoena or other court order.
- If you are under 18-years-old, your parents or legal guardian may have access to your treatment records.

In addition to the above listed exemptions to confidentiality, the USD-WA clinical providers are also mandated to report certain conditions per state and federal laws which affect public health and safety. For more information about these exemptions, please contact your healthcare provider at the USD-WA. It is also possible that at some point in the future you will be required by an outside agency to sign a release allowing the agency to review your treatment records. This may occur, for example, if you apply for health or life insurance, if you apply for licensure or certification in some professions, or if you apply for employment in agencies that require a security clearance.

For Student Health Center patients who are not students, treatment of your health information also is governed by the Health Insurance Portability and Accountability Act (HIPAA). For more information, please see the Student Health Center's [Notice of Privacy Practices](#).

**Treatment records:** All student treatment records are maintained in secure electronic data bases. Access to these records is limited to professional and administrative staff bound by confidentiality agreements. Student Health Center records pertaining to non-students are maintained in hard copy/paper format only.

**Use of student employees:** The Wellness Area uses specially trained student employees to supplement the work of front desk staff. The student employees take telephone messages, manage appointments, and assist in uploading documents into health records. Please discuss concerns you may have about this with your provider or the Director of the Wellness Area unit you are seeing.

**Process of Counseling:** Research indicates that most people who engage in counseling benefit from the experience; even so, it is possible for things to get worse before they get better. For example, it can be difficult to discuss troubling memories in counseling, and students who address especially troubling issues may find it difficult to concentrate on their studies immediately after their sessions. You and your counselor will collaborate in developing a treatment plan that suits you, and will work together to determine the pace and form of counseling so as to minimize the risks of counseling.

**Recording of counseling sessions:** USD-WA is a training facility, and you may be asked to grant your permission to record your counseling sessions for training and supervision purposes. You may decline to have your sessions recorded without impacting the services you receive.

**Photographs and Other Images:** USD-WA staff may take and use photographs, videos or other electronic images of me for diagnostic or treatment purposes or for internal USD-WA training purposes.

**Research and reports of summary data:** From time to time the USD-WA uses aggregate information gathered from students for research projects. These projects serve to enhance our services. No identifying information about any individual student is ever disclosed in such projects. Similarly, the USD-WA compiles and reports anonymous, summary data about students who use our services, but these reports contain no identifying information about individual students.

**Emails and Secure Messaging:** Although you may choose to contact USD-WA staff via conventional or unsecured e-mail about such matters as rescheduling or canceling an appointment, note that (1) staff may not check their e-mail regularly, (2) staff may inadvertently miss your e-mail message altogether, (3) e-mail is subject to interception and is not considered reliably confidential, and (4) some staff may choose not to correspond with their clients via e-mail. Bearing this in mind, we encourage you to utilize the Wellness Secure Messaging system (MyWellness) to communicate with the Wellness Units providers in a safe and secure manner and to address any urgent or sensitive matters by means of telephone or face-to-face conversations rather than by electronic communication. When utilizing My Wellness, it is important to remember to keep your login and password safe and private.

**Missed Appointments:** Please give us as much notice as possible if you have to miss an appointment, so that we can more easily accommodate other students in need. If there is a pattern of missed appointments, we may reassign your appointment times to other students who need our services.

**Access to Your Medical Records:** Except as limited by law, you have the right, upon your written request, to receive, at no charge, a copy of your medical records maintained by the USD-WA.

**University of San Diego Student Health Center  
NOTICE OF PRIVACY PRACTICES**

The University of San Diego Student Health Center is committed to protecting the privacy of your health information. **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The University of San Diego Student Health Center (“SHC” or “we”) is required by federal and state law to maintain the privacy of your health information. If you are a student, treatment of your health information is governed by the Family Educational Rights and Privacy Act (FERPA) and requirements of applicable California state law, including the Confidentiality of Medical Information Act (CMIA), California Civil Code Sections 56-56.37. CMIA generally requires your written authorization to disclose your medical records to others, subject to certain exceptions, including for example disclosures made to others for purposes of diagnosis or treatment, in response to a subpoena or other court order, in medical emergencies, in connection with the licensing or accreditation of the facility, or to the local health department. For more information, see [California Civil Code Section 56.10](#).

The health information of all others is governed by the Health Insurance Portability and Accountability Act (HIPAA) and the requirements of applicable California state law, including CMIA. For protected health information covered by HIPAA (“PHI”), the SHC is required to provide you with this Notice and abide by this Notice with respect to protected health information covered by HIPAA.

**Without your written authorization, we may use and disclose your PHI as follows:**

1. **Treatment:** For example, we may use or disclose PHI to determine which treatment option best addresses your health needs or so other health care professionals can make decisions about your care. However, in non-emergency situations, authorization is required to disclose certain mental health care information to outside providers or facilities.
2. **Payment:** In order for an insurance company to pay for your treatment, we must disclose PHI that identifies you, your diagnosis, and the treatment provided to you, to the insurance company.
3. **Health Care Operations:** We may use or disclose your PHI in order to improve the quality or cost of care we deliver. These activities may include evaluating the performance of your health care providers, or examining the effectiveness of the treatment provided to you. In addition, we may use or disclose your PHI to send you a reminder about your next appointment.
4. **Required by Law:** As required by law, we may use and disclose your PHI. For example, we may disclose medical information to government officials to demonstrate compliance with HIPAA.

5. **Public Health:** As required by law, we may use or disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, reporting child abuse or neglect, and reporting to the FDA.
6. **Health Oversight Activities:** We may use or disclose your PHI to health agencies during the course of audits, investigations, licensure and other proceedings related to oversight of the health care system.
7. **Judicial and Administrative Proceedings:** We may use or disclose your PHI in the course of any administrative or judicial proceeding, in response to a court order or as otherwise authorized or required by statute.
8. **Law Enforcement:** We may use or disclose your PHI to a law enforcement official for purposes such as reporting a crime at our facility, complying with a court order or subpoena, and for other law enforcement purposes as authorized or required by statute.
9. **Coroners, Medical Examiners and Funeral Directors:** We may use or disclose your PHI to coroners, medical examiners and funeral directors.
10. **Organ and Tissue Donation:** If you are an organ donor, we may use or disclose your PHI to organizations involved in procuring, banking or transplanting organs and tissues.
11. **Public Safety:** We may use or disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health and safety of any individual.
12. **National Security:** We may use or disclose your PHI to authorized officials for purposes of intelligence or other national security activities and protective services for governmental leaders as authorized or required by statute.
13. **Workers' Compensation:** We may disclose your PHI as necessary to comply with workers' compensation laws.
14. **Disclosures to Plan Sponsors:** We may disclose your PHI to the sponsor of your health plan (if applicable), for the purposes of administering benefits under the plan.
15. **Domestic Violence:** We may disclose your PHI to an authorized government authority if we reasonably believe you to be a victim of abuse, neglect, or domestic violence to the extent the disclosure is required or authorized by law or if you agree to the disclosure.
16. **Research:** We may disclose your PHI for research, regardless of the source of funding of the research, provided that we obtain documentation that an alteration to or waiver of authorization for use or disclosure of PHI has been approved either by an Institutional Review Board or a privacy board, or if such disclosure is otherwise permitted by law.
17. **Military and Veterans:** If you are a member of the armed forces, we may use or disclose your PHI to provide information about immunization and/or a brief confirmation of general health status as required by military command authorities.
18. **Inmates:** If you are an inmate at a correctional facility or in the custody of a law enforcement official, we may use or disclose your PHI to the facility or the official as may be necessary to provide information about immunization and/or a brief confirmation of general health status, or as otherwise authorized or required by law.
19. **Family or Household Members:** We may use or disclose your PHI, pursuant to your verbal agreement, and in certain circumstances without your agreement, for the purpose of including you in our directory or for purposes of releasing information to family or household members, who are involved in your care or payment for your care.

20. **Emergency Services:** We may use or disclose your PHI to provide to emergency services, health care or relief agencies a brief confirmation of your health status for purposes of notifying your family or household members.
21. **Business Associates:** We may use or disclose your PHI to a Business Associate, who is specifically contracted to provide us with services utilizing that health information, pursuant to an approved business associate agreement which assures that the business associate will handle the PHI in compliance with privacy regulations.
22. **Limited Data Set:** We may use or disclose your PHI as part of a limited data set if we enter into a data use agreement with the limited data set recipient. A limited data set is PHI that excludes most direct identifiers.

### **When the University of San Diego May Not Use or Disclose Your PHI:**

We must obtain your written authorization for any use or disclosure of psychotherapy notes or of your PHI for marketing, except in limited circumstances identified under the HIPAA regulations. It is not our practice to sell your PHI, but any such sale of PHI would require your written authorization.

Except as described in this Notice of Privacy Practices, we will not use or disclose your PHI without written authorization from you. If we ask for an authorization, we will give you a copy. If we disclose partial or incomplete information as compared to the authorization to disclose, we will expressly indicate that the information is partial or incomplete. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosure we have already made with your permission. Revocation may be the basis for the denial of health benefits or other insurance coverage or benefits.

### **Statement of Your Health Information Rights:**

1. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information. The University is not required to agree to every restriction that you request. If you would like to make a request for restrictions, submit your request in writing to the Contact Person listed at the end of this Notice.
2. **Right to Request Confidential Communications:** You have the right to request that you receive your health information through a reasonable alternative means or at an alternative location. A University health care provider is required to accommodate reasonable requests. A health plan must permit you to request and accommodate reasonable requests to receive communications by alternative means or at alternative locations, if you clearly state that the disclosure could endanger you. To request confidential communications, submit your request in writing to the Contact Person listed at the end of this Notice.
3. **Right to Inspect and Copy:** With very limited exceptions, you have the right to inspect and copy your health information. To inspect and copy such information, submit your request in writing to the Contact Person listed at the end of this Notice. If you request a

copy of the information, we may charge you a reasonable fee to cover the expenses associated with your request. In the event that the University uses or maintains an electronic health record of information about you, then upon your request, we will provide an electronic copy of the PHI to you or to a third party designated by you.

4. **Right to Request Amendment:** You have the right to request the University correct, clarify and amend your health information. To request a correction, clarification or amendment, submit your request in writing to the Contact Person listed at the end of this Notice. We may add a response to your submitted correction, clarification or amendment and will provide you with a copy.
5. **Right to Accounting of Disclosures:** You have the right to receive a list or "accounting of disclosures" of your health information made by the University, except that we generally do not have to account for disclosures made for the purposes of treatment, payment, or health care operations; for disclosures made to you; for disclosures made pursuant to an authorization; for those made to our facility's directory or to those persons involved in your care; incidental disclosures; for lawful inquiries made pursuant to national security or intelligence purposes; for lawful inquiries made by correctional institutions or other law enforcement officials in custodial situations; or, for disclosures when your information may become part of a limited data set. To request an accounting of disclosures, submit your request in writing to the Contact Person listed at the end of this Notice. Your request should specify a time period of up to six years and may not include dates before April 14, 2003. The University will provide one list per 12 month period free or charge; we may charge you for additional lists.
6. **Right to Paper Copy:** You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to the Contact Person listed at the end of this Notice. You may also obtain a copy of this notice at our website: <http://www.sandiego.edu>. If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact the Contact Person listed at the end of this Notice.

### **Changes to this Notice of Privacy Practices/Breach Notification**

The University of San Diego reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that we maintain. We will promptly revise our Notice and distribute it to you at your next visit whenever we make material changes to the Notice. The University is required by law to abide by the terms of the Notice currently in effect. We also are required to notify affected individuals following a breach of unsecured PHI.

### **Complaints**

Complaints about this Notice of Privacy Practices or requests for further information should be directed to the Contact Person listed below. The University will not retaliate against you in any way for filing a complaint, participating in an investigation, or exercising any other rights under the Health Insurance Portability and Accountability Act (HIPAA). All complaints to the University

must be submitted in writing. If you believe your privacy rights have been violated, you also may file a complaint with the Secretary of the U. S. Department of Health and Human Services.

**CONTACT PERSON:**

Office Manager  
Student Health Center  
University of San Diego  
5998 Alcalá Park  
San Diego, CA 92110  
(619) 260-4595

**Effective Date of this Notice: 8/1/13**

**Concerns about our services?** Should you have any concerns about the services you receive here, consider addressing them with your provider, the director of the center, or the Assistant Vice President for Student Affairs.

- Dr. Steve Sprinkle, Director of the Counseling Center (619) 260-4655
- Pamela Sikes, F.N.P.-B.C., Director of the Student Health Center (619) 260-4595
- Dr. Christopher Burden, Director of Disability and Learning Differences Resource Center (619) 260-4655
- Dr. Melissa Halter, Assistant Vice President (619) 260-4655



University of San Diego Wellness Area

Patient Information and Consent for Medical Treatment

Name: \_\_\_\_\_ USD Student ID# \_\_\_\_\_

Current Local Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Consent

I have received and read the Consent to Receive Services. I hereby give my consent to the University of San Diego Wellness Area (Student Health Center, Counseling Center, Center for Health and Wellness Promotion, and Disability Services) to administer such medical treatment, immunizations, and diagnostic procedures as deemed necessary for me by a medical practitioner and to refer me to others as appropriate. I understand that I am responsible for payment for services rendered at the Student Health Center that are not covered by the University of San Diego Student Health Fee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
(Required if patient is under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name (Printed)

\_\_\_\_\_

**Notice of Privacy Practices Acknowledgement**

I acknowledge that I have received a copy of the University of San Diego Student Health Center Notice of Privacy Practices (revised as of August 1, 2013).

\_\_\_\_\_  
Patient or Personal Representative (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient or Personal Representative (Printed Name)

\_\_\_\_\_  
Personal Representative's Relation to Patient