Consent to Receive Services

Welcome to the University of San Diego's Wellness Area! We appreciate you 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 (https://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, mental and behavioral health services (counseling, assessments, and referrals), and psychiatric services from the mental and behavioral health team. The Wellness Area also includes the Disability and Learning Differences Resource Center, which provides disability management and support services to students who formally identify via the DLDRC intake process. Additionally, the USD-WA includes the Campus Assault Resources and Education team (C.A.R.E. team), which provides confidential advocacy and support services for sexual and relationship violence. The USD-WA clinical services are provided by or supervised by professional, credentialed physicians, nurse practitioners, physician assistants, psychologists, clinical counselors, clinical social workers, marriage and family therapists, a board-certified psychiatrist, and other health care providers, including supervised trainees.

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 provider 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:

- For emergencies, please contact a USD Public Safety dispatcher by calling (619) 260-2222. You can also secure emergency services in the community by calling 911, calling the National Suicide and Crisis Hotline at 988, the San Diego Access and Crisis Line at 888-724-7240, or going to an urgent care center or hospital emergency room.

- If an urgent mental health issue occurs during regular business hours, call (619) 260-4655 or come directly to the Counseling Center and inform the front desk staff that it is important that you see a counselor right away. After hours, you can call (619) 260-4655 and press 1 to speak with a mental health counselor. TimelyCare (http://timelycare.com/USD) is a telehealth service that students may utilize for general counseling and urgent support (select Talk Now option).

- If you experience a psychiatric emergency requiring psychiatric support and intervention, USD-WA may engage the Mobile Crisis Response Team (San Diego MCRT), the Psychiatric

Emergency Response Team (San Diego P.E.R.T.), or other local emergency services.

- For sexual and relationship violence advocacy services, you can phone the USD Wellness confidential line at (619) 260-4655 to speak to a C.A.R.E. Advocate 24/7. You can also contact our off-campus provider, the Center for Community Solutions (CCS), if you need an Advocate to accompany you to a SART/NPR exam, police station, or other advocacy services. Please call (888) 385-4657 for 24/7 access to CCS services.

- 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, students can access TimelyCare (http://timelycare.com/USD), a telehealth service, for medical advice and potentially telehealth treatment. If there are concerns that TimelyCare is unable to address, a USD healthcare provider is available by phone to help with concerns that cannot wait for office hours. To get a message to the on-call USD 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, the Counseling Center, and the Campus Assault Resources and Education department (C.A.R.E.), and other USD-WA clinical providers. 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 Sections 56-56.37. Your student health and counseling records that are created and maintained only in connection with your treatment are generally treated as "treatment records" under FERPA rather than "education records," and for that reason are generally not subject to HIPAA; they remain protected under FERPA and the CMIA. 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 exploitation or abuse of children, elderly, or dependent persons.
- If you are a significant risk to harm yourself or 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 parent or legal guardian may have access to your treatment records, except as otherwise provided under California law for services to which a minor may independently consent (see "Minors' Independent Consent and Confidentiality Rights" below), and except where access is otherwise limited by law.

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

Patients receiving care at the Student Health Center have specific rights and responsibilities of which they need to be aware. These rights and responsibilities are listed on the SHC website (https://www.sandiego.edu/health-center/about/) and are on display in the SHC waiting room. If you are unable to locate them, please consult the front office staff in person or at (619) 260-4595 for assistance.

Minors' Independent Consent and Confidentiality Rights:
California law allows a minor 12 years of age or older to independently consent to certain services. When a minor lawfully consents to such services on their own, a parent or legal guardian is generally not entitled to inspect or copy the related treatment records under California Health and Safety Code § 123115, absent the minor's authorization or an applicable exception. USD-WA may also limit a parent's or legal guardian's access to a minor's records where access would have a detrimental effect on the provider's professional relationship with the minor or on the minor's physical safety or psychological well-being.

Treatment Records: All student treatment records are maintained in secure electronic databases. 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. All records will be maintained for a minimum of ten years after the last date of service.

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. 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 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 you for diagnostic or treatment purposes or for internal USD-WA training purposes with your permission.

Immunization Registry: Immunizations and tuberculosis (TB) tests are an important part of health care, but keeping track can be difficult when a person has more than one doctor. The California Immunization Registry (CAIR) - San Diego Immunization Registry (SDIR) is a computer-based immunization and TB test record tracking system. The information in the registry, like other private medical information, is protected by law. If you do not want your immunization/TB test information shared in the registry, please ask for an "SDIR Stop/Start Sharing Request" from the clinic staff.

USD Telehealth Services: USD-WA partners with telehealth platforms to provide enrolled students with 24-hour access to urgent health care support.

- **TimelyCare** is a 24/7, free virtual care service for students to address common concerns that can be safely diagnosed and treated remotely. (timelycare.com/USD)
- **Protocol Services** provides telephonic behavioral health assessment and intervention to USD students after traditional business hours via the campus Wellness telephone line (619) 260-4655.

USD-WA providers may receive confidential communications and health records from contracted health care providers. These communications and records are stored confidentially in the students' medical records.

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 email about such matters as rescheduling or canceling an appointment, note that (1) staff may not check their email regularly, (2) staff may inadvertently miss your email message altogether, (3) email is subject to interception and is not considered reliably confidential, and (4) some staff may choose not to correspond with their clients via email. 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. Urgent or sensitive matters should be addressed by means of telephone or face-to-face conversations rather than by electronic communication. When utilizing MyWellness, it is important to remember to keep your login and password safe and private.

Missed Appointments: If there is a pattern of missed appointments, we may reassign your appointment times to other students who need our services.

Access to Your Wellness Records: Students have access to many aspects of their charts via their MyWellness portal. Additionally, except as limited by law, you have the right, upon your written request, to receive a copy of your records maintained by the USD WA.

Telemedicine / Telehealth: Telemedicine/Telehealth will be referred to as telehealth. Telehealth will be offered when possible and indicated by your health care provider. Telehealth may be offered to shift access to Wellness services for University of San Diego enrolled students during major crises and when in-person care is not available. This document covers your rights and the risks and benefits associated with receiving services via telehealth. A variety of alternative methods of medical care may be available to you, and you may choose one or more of these at any time.

- **Description:** Telehealth involves the use of electronic communications for the evaluation and treatment of non-emergent health care needs. Telehealth may, on occasion, involve consultation with a specialist or other health care provider and the sharing of relevant medical information for the purpose of improving patient care.

  Shared information may be used for diagnosis, therapy, follow-up, and/or education, and may include any of the following:

  - Patient/Client /Student medical records
  - Medical images
  - Live two-way audio and video via telephone or secure (or HIPAA-compliant) video platform
  - Output data from medical devices, sound, and video files

  Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

- **Expected Benefits for the Student:**
  - Access to health care when face-to-face visits are not possible or advised
  - Limiting the spread of infectious diseases such as COVID-19
  - More efficient evaluation and management
  - Improved coordination of care
  - Consultation and support without need for travel

- **Possible Risks:** As with any mode of health care, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to:
  - In rare cases, information transmitted may not be sufficient (e.g., poor resolution of images/video/audio) to allow for appropriate decision making by the health care provider
  - Telehealth involves alternative forms of communication that may reduce visual and auditory cues and increase the likelihood of misunderstanding one another. Delays in health evaluation and treatment could occur due to deficiencies or failures of the equipment.
  - In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.

- In rare cases, a lack of access to complete medical records may result in judgment errors in the provision of care that is provided to you.
- There may be a breach in the secure network systems, and in rare circumstances, conversations may be intercepted.

- **General Considerations for Telehealth**
  - Telehealth services may not be appropriate or the best choice of service. In these cases, your Wellness provider will help you establish an appropriate care plan.
  - Students are responsible for identifying and securing a private and distraction-free location for telehealth and are responsible to let the Provider know if the location is no longer private during the session.
  - Students are responsible for securing an appropriate secure/private internet connection with an updated operating system and anti-virus software, if needed for telehealth visits.
  - Students will be asked to provide the Provider with their current address and current location and verify that the student resides in California.
  - Students will be asked to verify current emergency contact.
  - Sessions will not be recorded by Wellness Provider or student unless there is a written consent on file.
  - Students will not take screenshots, record, or take pictures of the video telehealth sessions.
  - The laws that protect privacy and confidentiality also apply to telehealth as specified in this Consent.
  - Before telehealth services are provided, your Wellness provider will inform you about the use of telehealth and obtain and document your verbal or written consent, consistent with California Business and Professions Code Section 2290.5. Students have the right to withhold or withdraw consent to the use of telehealth at any time without affecting their right to future care or treatment and without risking the loss or withdrawal of any program benefits to which the student would otherwise be entitled.

Concerns about our services? Should you have any concerns about the services you receive here, we encourage you to address them with your provider or any of our staff listed below:

- Dr. Laura Thackray, Clinical Director of Mental and Behavioral Health, (619) 260-4655
- Dr. Mike Martinez, Director of the Disability and Learning Differences Resource Center, (619) 260-4655
- Dr. Kim Woodruff, Director of the Student Health Center, (619) 260-4595
- Dr. Chris Burden, Assistant Vice President of Student Affairs for the USD-WA, (619) 260-4655

Other regulatory services/agencies

- Medical doctors are licensed and regulated by the Medical Board of California. To verify a license or to file a complaint:
  - visit https://www.mbc.ca.gov/
  - email: licensecheck@mbc.ca.gov
  - or call (800) 633-2322
- The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at https://openpaymentsdata.cms.gov/

- Psychologists, Clinical Counselors, Social Workers, and Marital and Family Therapists are licensed and regulated by California State Agencies. Please see below to access license information or to file a complaint.
    - Webpage: https://www.psychology.ca.gov, Phone: 866-503-3221
    - Webpage: https://www.bbs.ca.gov, Phone: 916-574-7830

IN CASE OF EMERGENCY

If your Wellness Provider believes you are in crisis and we are unable to contact you, we may call your emergency contact, legal guardian, parent, USD campus administrators, and/or local emergency services providers to ensure your safety.

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 YOUR MEDICAL INFORMATION.**

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**: 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 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 emergency services, health care or relief agencies, or 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 that 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 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. If 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 period of up to seven years and may not include data seven years after the last visit date or graduation date. The University will provide one list per 12-month period free of 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: https://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 are also 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), FERPA, and/or CMIA. 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: 8/1/2026

University of San Diego
STUDENT WELLNESS

Patient Information and Consent for Treatment

Name:_____ Cell:_____

USD Student ID #:_____ Email:_____

Current Local Address:_____ 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, Disability and Learning Differences Resource Center, and the Campus Assault Resources and Education (C.A.R.E.) team) to administer such treatment, immunizations, and diagnostic procedures as deemed necessary for me by a 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.

Student Signature:_____ Date:_____

Signature of Parent/Legal Guardian
(Required if patient is under age 18):_____ Date:_____

Parent/Legal Guardian Name (Printed):_____

University of San Diego
STUDENT HEALTH CENTER

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, 2026):

Patient or Personal Representative (Signature):_____ Date:_____

Patient or Personal Representative (Printed Name):_____

Personal Representative's Relation to Patient:_____