

**AMERICAN UNIVERSITY STUDENT HEALTH CENTER
2019-2020 CONSENT AND ACKNOWLEDGEMENT
PERMISSION FOR MEDICAL TREATMENT**

I hereby authorize the Student Health Center of American University to administer care and treatment. Such care may include evaluation and treatment of injuries and illnesses, the administration of medication orally or by injection, and/or psychiatric evaluation and consultation.

I also give permission to the American University and to the Student Health Center of American University to secure proper treatment for me, in case of medical or surgical emergency, if according to their best professional judgement; further delay might jeopardize my welfare.

PERMISSION FOR RELEASE OF INFORMATION

I hereby authorize the Student Health Center to use and disclose my personal health information as allowed by law including by not limited to the following purposes:

- Providing healthcare to me. For example, we may share your health information with individuals or offices on or off campus that provide, or assist in coordination or management of healthcare on a need to know basis.
- Processing payment. For example, we may share your health information with insurance carriers for reimbursement purposes.
- So that we may run our operations. For example, we may use your health information to perform quality assessments and or conduct training.

Once my information is disclosed, it may no longer be protected by federal and/or state laws.

SPECIAL PROTECTION FOR CERTAIN INFORMATION

Information about HIV status, mental health, and/or substance abuse is subject to special privacy under state and/or federal law. Generally, the Student Health Center will not disclose such information unless you sign a specific authorization to do so, the disclosure if allowed by court order, or in limited and regulated other circumstances.

PATIENT RIGHTS & RESPONSIBILITIES

The Patient Rights and Responsibilities document outlines the type of services you can expect to receive at the Student Health Center as well as explaining what is expected of students who are patients at the Student Health Center. All patients are expected to familiarize themselves with this document and to act in accordance with it.

FINANCIAL NOTICE

Payment for your visit is due at the time of your services. The Student Health Center accepts Cash, Check, Visa, Mastercard, and American Express. You can also have these charges billed to your student account.

Students who fail to pay for their visit at the time of their appointment, or who fail to make payment arrangements, will have the charges billed to their Student Account.

I understand that I am required to maintain health insurance if I am in a required category as defined by the university.

LAB TESTING

Rapid tests (strep, mono, or flu tests) may be administered in the Student Health Center for an additional fee. Students are expected to pay these fees at the time of service. The Student Health Center utilizes an outside laboratory, LabCorp, for any testing not available as a rapid test. LabCorp will bill your insurance company directly for their services and will send you a bill for any charges that your insurance does not cover. You should familiarize yourself with your insurance plan's policies and deductible in order to minimize any unanticipated bills.

Last Name _____ First Name _____ Date of Birth _____

Student ID _____ Signature _____ Date _____