UNLV | STUDENT WELLNESS

WELCOME TO THE UNLV STUDENT WELLNESS CENTER
Informed Consent for Treatment

The UNLV Student Wellness Center is comprised of the Student Health Center (SHC) and Student Counseling & Psychological Services (CAPS), in addition to a clinical laboratory and pharmacy. We are staffed by a variety of medical and mental health professionals to assist you in addressing your physical and emotional concerns.

To provide you with the highest quality of care, the Student Wellness Center utilizes an integrated treatment approach. Our clinicians from diverse professional disciplines work collaboratively as a team to optimize your wellness through prevention and intervention. Your clinician will assist you in deciding which services are most appropriate for you based on your presenting concerns, unique experiences, and goals for treatment. This may involve in-person services, telehealth services, or a combination of both. There is no charge for office visits or telehealth visits with clinicians for currently enrolled UNLV students who have paid their health fee. There may be a charge for additional services.

Informed Consent for Treatment:

Participating in Student Wellness Center services can result in a number of benefits to you, including improvement or resolution of the specific concerns that led you to seek care, a better understanding of yourself, enhanced coping skills, and improved interpersonal and academic functioning. Achieving these benefits requires an open and honest relationship with your clinician and a personal effort to follow through with your treatment plan in order to reach your goals. For example, it may be important for you to take medication as prescribed, follow an agreed upon exercise plan, practice a new skill, or write in a journal. There are risks associated with any treatment, such as worsening symptoms, emotional discomfort, or an adverse or allergic reaction to medication. We will work with you during unexpected treatment outcomes if they occur and/or refer you to a higher level of care with the capability to treat your condition if needed.

The Student Wellness Center participates in the teaching mission of the university. Therefore, professional students in training, such as medical students, doctoral psychology interns, psychiatric residents, and others, may participate in your care under close supervision of a licensed professional. You have the right to decline if you do not wish for a professional student in training to be involved in your care. All professional students and clinicians strictly abide by all privacy laws. In order to ensure that the highest quality counseling services are offered and to comply with professional training standards, all services provided by practicum level trainees at CAPS are video recorded as part of their professional training, whereas doctoral interns and psychiatric residents are required to record some of their clinical sessions at the direction of their primary supervisor. These recordings are accessible only to authorized clinical staff members, used only for agency supervisory purposes, and kept strictly confidential. All video recording is discussed with patients/clients in advance and consent is obtained. All recordings are permanently erased after 30 days. Video recording is never performed during visits at the SHC.

You have the right to withdraw from our services at any time. Please consult with your provider or their clinical supervisor if you have any concerns about your care. The Student Wellness Center also reserves the right to deny services when deemed necessary.

Important Information Regarding Infection Control:

The Student Wellness Center (SWC) has implemented a number of preventative measures aimed to reduce the spread of infectious diseases within our facility. All patients/clients are required to follow Student Wellness Center guidance regarding infection preventive measures, including the use of facial coverings/masks when indicated. Please ask a staff member if you would like to learn more about these measures. Even with preventative measures in place and while following health experts' advice, there is an inherent risk of contracting an infectious illness while visiting our center or any healthcare facility. Our center offers telehealth visits for anyone who is at risk of severe infection or who has concerns about possible exposure to an infection. Please ask a staff member if you have questions and see below for additional information regarding telehealth visits.

Student Wellness Center Policies:

Confidentiality: Patients/clients are not permitted to record office visits or counseling sessions, including telehealth visits. All information discussed within visits and sessions, including in person and telehealth, is strictly confidential and no clinical records will appear in any academic records or transcripts. In most cases, your written and signed authorization is required before information concerning your care can be disclosed to individuals outside of the Student Wellness Center, such as parents, roommates, friends, partners, and faculty. In the case of a life-threatening emergency, this consent may be implied

for the time of the emergency. Please be aware that clinicians within the Student Wellness Center are legally required to disclose information in the following circumstances: i) where there is reasonable suspicion of abuse involving a child or senior/vulnerable adult and ii) where there is reasonable suspicion that a patient/client presents a danger of harm to self or others unless protective measures are taken. Additionally, disclosure of records may be required by a court of law in special circumstances. Furthermore, medical providers are legally required to report the following: i) cancer, ii) burns, iii) communicable disease, iv) epilepsy, and v) non-accidental injury related to a knife or firearm. In addition, licensed professionals/supervisors have the right to confer about all aspects of care and counseling provided by professional students and graduate students in training at the Student Wellness Center.

In order to provide high quality whole-person care, certain health information is shared among Student Wellness Center staff. Specifically, mental health professionals have access to your mental health and medical records. Medical professionals have access to your behavioral health records, which include psychiatric records and those of behavioral health providers who work at the SHC, and limited access to CAPS records that include: diagnoses, medications, hospitalizations, risk assessments, screening tools, treatment status including level of care, community referrals, and treatment consents and authorizations. All other treatment information obtained by CAPS, such as in therapy progress notes, is held in the strictest confidence and is not disclosed unless a patient/client specifically agrees to and signs a separate written release of information. If you have any questions, please ask a staff member.

Athletic Department: Health records, including complete records of primary care providers, , sports medicine fellows, and behavioral health providers in the SHC and limited records of psychiatry providers in CAPS (including only prescriptions, lab tests ordered, and lab results), are available to and may be reviewed by team physicians in the UNLV Athletics Department within our shared confidential, secure electronic health records system. Complete records from CAPS are not shared with UNLV Athletics Department without an additional signed release of information. Furthermore, providers in the SHC when providing care to student athletes, may consult with Athletics team physicians if deemed necessary in order to provide the highest level of care. Please speak with your care provider if you have any questions or concerns.

Electronic Health Records: All protected health information in the electronic record is stored in a secure data center and is encrypted. Only authorized staff has access to your health information, and audit logs are monitored. Despite these rigorous precautions, there is a remote chance that a breach could occur. In the unlikely event of such a breach, you will be notified as required by law. Patients/clients have the right to request and inspect electronic health record documentation and case records obtained during an in-person or telehealth visit and may receive copies of this information for a reasonable fee in accordance with Federal and Nevada law. Additionally, medical visit notes are published in the UNLV Wellness View patient/client portal ("patient/client portal" or "portal") for viewing following each visit, after entering your individual secure log-in information Your Student Wellness Center health and counseling records may be destroyed 7 years after their receipt or production in accordance with state law and Nevada System of Higher Education (NSHE) record retention policies and disposition schedules. For minors, health and counseling records may be destroyed after the patient/client reaches the age of majority (18 years) plus 7 years.

Ambient Listening Scribe/Dictation: SHC clinicians and CAPS psychiatry providers may utilize an ambient listening and/or dictation scribe system during your care (including in person or telehealth visits, and telephone conversations) to streamline clinical documentation and allow the SHC clinician/CAPS provider to provide enhanced attention to your needs. Your health information will stay strictly private and confidential. If you have any questions or concerns, please ask your SHC clinician or CAPS provider for more information.

Treatment: Staff members of the Student Wellness Center desire to see every student function at the highest level possible. To achieve this, the Student Wellness Center uses a variety of assessment techniques, such as direct communication with a care provider, laboratory studies, questionnaires, etc. Based on these assessments, students are offered services most appropriate to their needs. Should students present with issues that are beyond the level of care of the Student Wellness Center, staff will assist students with community referrals for care.

Appointments: Appointments may be made by phone, on the patient/client portal (for certain services), or in person. Missed appointments result in a no-show charge of $25. Failure to cancel in advance results in a $25 fee. If you arrive late for an appointment, you will need to reschedule. You may also be charged a $25 late cancellation/no-show fee if you arrive late and miss your appointment time (even if the appointment is rescheduled to a later time). You may appeal these fees within 45 calendar days of the appointment date if you believe the charge is in error. If you miss or fail to cancel an appointment two times within a semester, you may be referred off campus for further services at your expense.

Emergency Procedures: Should an emergency or urgent situation arise, the Student Wellness Center has triage/crisis clinicians available during our normal hours of operation to assist you. The Student Wellness Center reserves the right to contact emergency services, police services, and/or your designated emergency contact in the event of an emergency or if there is a concern for your safety, such as in the event of suspected impairment or intoxication.

If your self-check-in forms indicate a medical emergency, thoughts of suicide, and/or thoughts of hurting others and you do not show for your appointment or you end your appointment prior to addressing critical issues, a Student Wellness Center

provider will reach out by phone and/or secure message through the patient/client portal. If we are unable to reach you, we may contact your emergency contact and/or local police to perform a welfare check on you (at home, work, etc.) to ensure that you are safe. If you need to change or cancel your appointment after you have completed the appointment self-check-in forms, please call Student Counseling and Psychological Services 702-895-3627 or the Student Health Center at 702-895-3370.

In the event that an urgent situation or emergency occurs outside of our normal hours of operation:

- **Call 9-1-1 or go to the nearest emergency room for an emergency**
  OR
- **For medical concerns**: For non-emergency questions or issues, students may call UNLV Family Medicine at 702-992-6888 (answering service available 24 hours/day). Be sure to ask to speak to the Family Medicine doctor on call and identify yourself as a UNLV student when the doctor calls you. UNLV students with the Aetna Student Health Insurance Plan may also call the toll-free 24-hour Nurse Advice Line at 800-556-1555 (TTY: 711).
- **For mental health concerns:** Call 9-8-8 for the Suicide and Crisis Lifeline; Southern Nevada Adult Mental Health Services 702-486-6000 (M-F 8-5 pm, no insurance necessary) or Desert Parkway Behavioral Healthcare Hospital (24 hrs.) at 702-776-3500 or 855-776-8330.

Communication: The Student Wellness Center may contact you at the contact information you have provided (by phone, voicemail, email, letter, text message, or through the patient/client portal) in order to follow up on care or provide a reminder of an appointment. **You are responsible to ensure that your contact information is kept accurate and current with the Student Wellness Center.** It is recommended that you also register on the patient/client portal since your care provider(s) may send messages to you via a secure message through this portal. Results of lab tests and medical visit notes are also available through the portal. To register, please visit the UNLV Wellness Portal (https://unlv.medicatconnect.com). If you would like to receive text messages from the UNLV Student Wellness Center with important notifications (e.g., appointment reminders and confirmations, secure message alerts from your clinician), please access the Forms section of the portal. Complete the Texting Opt-in/Opt-out form and select the opt-in option. If you have concerns or questions regarding communication, please ask to speak with a staff member.

Compliments or Complaints: We welcome and appreciate your feedback to assist us in providing the highest quality of care. If you have compliments, comments, or complaints regarding your care at the Student Wellness Center, please ask to speak with a clinical staff member or the supervisor of the department. You are also invited to complete an anonymous student satisfaction survey or comment card at any time. The surveys and/or comment cards are located on each floor of the Student Wellness Center and on our website (https://www.unlv.edu/studentwellness/health-center/feedback).

Pharmacy and Laboratory: The Student Wellness Center offers a licensed, accredited clinical laboratory and a licensed, accredited pharmacy on site for convenience. Students may choose to utilize the Student Wellness Center laboratory and/or pharmacy for their needs but there is no obligation to do so. If your Student Wellness Center health care provider orders lab tests and/or prescriptions for you, these may be taken or sent to any laboratory or pharmacy of your choice. Please speak with your healthcare provider or a member of the laboratory or pharmacy staff for additional information.

Research: The Student Wellness Center participates in the research mission of UNLV. We may disclose aggregate, de-identified protected health information of patients/clients to researchers when their research has been reviewed and approved by UNLV's institutional review board (IRB) or another acceptable privacy board as recognized by UNLV's IRB and upon approval by the Student Wellness Center's Governing Body to ensure that established protocols are in place to ensure the privacy of patient/client information. Please ask a staff member if you have any questions.

For Students who are Potential Applicants for CAPS / Care Management Training Programs: Students who wish to apply to the Student Counseling and Psychological Services (CAPS) or Care Management (CM) training programs should be aware that receiving services from CAPS or a Behavioral Health Provider (BHP) in the Student Health Center may delay their entry to the training program. In our efforts to avoid potential complications involved with multiple relationships, students are prohibited from becoming a CAPS or CM trainee while they are receiving clinical services at CAPS or from a BHP. There must be a minimum of a 6-month, or one semester, waiting period between the date of termination of services and the beginning of a practicum/internship. Efforts are made to minimize complications from dual relationships for former patients/clients. Potential training impacts are discussed with trainees, on a case-by-case basis, as needed.

For Students who are Employed by UNLV: Student Wellness Center providers are unable to complete Family Medical Leave Act (FMLA) paperwork for students who are employed by UNLV due to a potential conflict of interest. These students are referred to an off-campus care provider. In addition, the Student Wellness Center is not contracted by UNLV to provide workers' compensation care to employees. For information on workers' compensation and approved facilities to receive care for a workplace related injury or illness if you work at UNLV, call the Nevada System of Higher Education (NSHE) Risk Management Office at (775) 784-3410 or visit:
NSHE Worker's Compensation website (https://nshe.nevada.edu/system-administration/departments/risk-

management/workers-compensation/).

Americans with Disabilities Act (ADA) Documentation: Please speak to your clinician or a member of the Student Wellness Center staff if you need medical or mental health documentation to support your request for academic accommodations due to a disability. It is also recommended that you contact the Disability Resource Center (DRC) on campus for more information and assistance via the DRC website (https://www.unlv.edu/drc) or by calling (702-895-0866). Please note: The Student Wellness Center provides documentation for academic accommodations only, when appropriate, and does not provide documentation or certification of a disability for employment purposes (for any type of employment on or off campus).

For students who are under 18 years of age: To treat a student under the age of 18, the Student Wellness Center must have the signed consent of a parent or legal guardian (appointed by a court of law) on this Informed Consent for Treatment before any services may begin. Services offered in the Student Wellness Center include, but are not limited to, medical services, such as physical examinations, injections (including vaccinations and other medications such as antibiotics), laboratory testing including phlebotomy (blood draw), intravenous (IV) hydration and medications, prescriptions, in-office procedures (such as suturing lacerations), counseling, and psychiatric services. This may involve in-person services, telehealth services, or a combination of both. Services are provided by medical and mental health professionals and may be provided to the minor without the parent or legal guardian present. If a parent or legal guardian is not present with the minor student in the Student Wellness Center to sign this Informed Consent for Treatment, the parent or legal guardian must either sign the form and have it notarized, or the parent or legal guardian may choose to sign the form under the witness of SWC staff via video conferencing. The Informed Consent for Treatment must be completed annually and must be signed by the student's parent or legal guardian until the student reaches the age of majority (18 years old). However, this Informed Consent for Treatment may be withdrawn at any time, in writing, by the parent or legal guardian prior to the student reaching the age of majority (18 years old). After the Informed Consent for Treatment is signed by a parent or legal guardian, if additional informed consent is needed during the course of treatment (such as for a vaccination or in-office procedure), the minor may give informed assent/consent, in writing, as long as the minor demonstrates their understanding of the nature and purpose of the proposed treatment, procedure and/or examination, risks and benefits, and its likely outcome. There are other situations in the State of Nevada in which a minor may give informed consent (see Exemptions below). Please ask to speak to a member of the clinical staff if you would like to discuss your individual situation. By signing this Informed Consent for Treatment, the parent or legal guardian authorizes the Student Wellness Center of the University of Nevada, Las Vegas, to provide medical, counseling, and psychiatric services deemed advisable and rendered under the supervision of a licensed health professional. It is understood that this authorization is given in advance of any diagnosis and treatment.

Exemptions to the need for parent or legal guardian signed consent in the State of Nevada include: life-threatening emergency, treatment for emancipated minors with court supporting documents, treatment of drug abuse or related illness, examination and treatment of a sexually transmitted infection, services related to the prevention of sexually transmitted infections, and contraception. If a minor student presents in a mental health crisis, the attending clinician must provide emergent care by conducting a risk assessment and providing appropriate intervention including hospitalization as warranted. The parent/guardian retains the ability to access their student's medical and mental health records due to the student's status as a minor.

The signature of the parent/guardian on this consent confirms they are authorized to consent to medical and mental health treatment and that the individual signing has consulted with any other legal or custodial parent/guardian regarding coordination of treatment.

Informed Consent for Telehealth Services

Telehealth refers to various forms of electronic communication used to deliver healthcare services. Telehealth may include assessment, diagnosis, consultation, counseling, mental health education, health education, treatment, follow-up, and referrals to additional resources or specialists. During telehealth consultations and counseling, Protected Health Information (PHI) may be discussed with your healthcare provider through the use of telecommunication technology. Telehealth appointments with providers may consist of telephone conversations and/or HIPAA compliant teleconferencing.

Benefits of Telehealth:

- Allows access to healthcare services in the event that on-site office visits are not feasible or when it would be more convenient for the patient/client
- Offers efficient evaluation, management, and communication of medical and mental health needs
- Minimizes the spread of infectious disease
- Decreases patient/client time associated with travel to a healthcare office

Risks Associated with Telehealth include, but are not limited to, the following:

- Every effort is made to protect the confidentiality of patient/client identification and PHI. These efforts include

utilizing telecommunication and electronic systems with software security protocols to maximize patient/client privacy and safeguard data. In rare instances, security protocols can fail and be subject to a breach of privacy in regards to PHI. Transmission of PHI can be interrupted by unauthorized persons and/or the electronic storage of PHI can be accessed by unauthorized persons.

- Patients/clients may experience loss of confidentiality secondary to the surrounding environment in which they choose to participate in telehealth. Patients/clients are advised to ensure that no one else is in the room, not to participate in conversations while on speaker phone, and to avoid participating in a public place. If environmental factors are deemed by the provider to be unsafe or inappropriate for clinical services, the telehealth visit may be discontinued by the provider and rescheduled.
- In some instances, transmission of information may be inadequate or distorted due to technical failures (e.g., poor quality or resolution of sound or images), necessitating an on-site visit. This delay in sufficient evaluation due to equipment failure may lead to a delay in decision making and treatment.

I understand the following:

1. The use of telehealth is subject to the discretion of the provider based upon the assessment of a patient's/client's clinical needs, the surrounding environment, and the appropriateness and availability of telehealth. I understand that if my telehealth provider believes I will be better served by another form of intervention (e.g., in-person services), I will be asked to schedule an appointment for an on-site office visit with the Student Wellness Center and/or will be referred to a provider who can provide such services in my area. There may be contraindications to a telehealth visit, and these include, but are not limited to, the following:
    - Recent suicide attempt(s) or behaviors
    - Psychiatric hospitalization(s)
    - Psychotic symptoms
    - Moderate to severe substance abuse or dependence
    - Severe eating disorders
    - Repeated "acute" crises (e.g., occurring once a month or more frequently)
    - Severe mental health symptoms requiring a higher level of care
    - A clinical presentation with physical symptoms that requires in person medical attention
    - Medical emergencies (e.g., chest pain, difficulty breathing, anaphylaxis, etc.)

2. For a patient/client to receive telehealth medical care and/or counseling from the majority of the Student Wellness Center providers, the patient/client must be physically located in Nevada. Telehealth medical visits and counseling may be provided by the Student Wellness Center to students residing in other states depending on applicable state laws, clinical appropriateness, and the availability of appropriately licensed providers. Telehealth medical care and counseling are not provided for students residing in international jurisdictions.

3. I understand that I need the following for teleconferencing appointments:
    - A personal computer or electronic device with a camera
    - A reliable internet connection
    - A quiet, private, and safe location, free from distractions and away from others in close proximity

4. I agree to follow etiquette guidelines during telehealth appointments, as if I were in a traditional on-site setting. This includes:
    - Appropriate dress and grooming
    - Paying attention to my provider and/or other group members (if participating in a telehealth group)
    - Working to minimize external distractions (e.g., private location with door closed, turn off music/television, etc.)

5. I agree that I am not permitted to record my telehealth sessions.

6. I understand that technological complications can occur during a telehealth consultation, and I may be asked to reschedule, via telehealth or an in-person visit, if necessary.

7. I understand that the laws protecting privacy and confidentiality of health information also apply to telehealth and that this information is not disclosed to other entities without my consent except for scheduling, billing purposes, and/or authorization by law.

8. I understand that in order to participate in telehealth, I am required to provide the name and contact information of an emergency contact. I understand that my provider will not contact my emergency contact without my consent unless as noted earlier in this consent form and if necessary for safety purposes.

9. I agree that certain symptoms, health conditions, and situations, including life-threatening emergencies, may not be able to be adequately addressed via telehealth services. I agree that if I am experiencing a life-threatening emergency or crisis, I will seek immediate assistance by calling 9-1-1 or 9-8-8 (Suicide and Crisis Lifeline, 24 hours, call or text). I understand that my provider may also contact emergency services if necessary for safety purposes.

Electronic Signature

Electronic Signature: The Student Wellness Center uses electronic signatures. I understand and agree that, by typing my name, this represents my electronic signature on Student Wellness Center documents. I also understand that my electronic signature is legally binding in all respects as a written signature would be, and I consent to the use of electronic signatures within the Student Wellness Center.

UNLV | STUDENT WELLNESS

University of Nevada, Las Vegas

STUDENT WELLNESS CENTER

Informed Consent for Treatment

My signature indicates that I understand and give assent/consent to the above information and policies.

Print Patient/Client Name _____

Signature _____ Date _____

For Minors 17 years old and younger:

_____
Patient/Client Name (please print)

_____ _____ _____
Parent/Legal Guardian Name (please print) | Parent/Legal Guardian Signature | Date

_____ _____
Relationship/Description of Legal Guardianship | Parent/Legal Guardian Phone #

_____ _____ _____
SWC Staff Name (please print) | SWC Staff Signature | Date

OR

Notary Public (if not witnessed by Student Wellness Staff Member)

State of _____

County of _____

This instrument was acknowledged before me on _____ , 20 _____

By _____
(Name of parent/legal guardian)

_____
Signature of Notarial Officer

(Notary Stamp)

University of Nevada, Las Vegas

STUDENT WELLNESS CENTER

Release of Information within the Student Wellness Center

I understand that the Student Wellness Center staff uses a collaborative care approach to provide optimal care, and this requires staff to communicate various aspects of my care amongst team members. I understand that current and existing information is shared amongst the Student Wellness Center staff when it is clinically relevant to my care and/or safety. Specifically, I agree to have mental health professionals access both my mental health and medical records. I further agree to have medical professionals access my behavioral health record, which includes records from CAPS psychiatric providers and those of behavioral health providers who work in the SHC. Additionally, I agree to allow SHC medical professionals to have limited access to my counseling treatment records at CAPS that only includes: diagnoses, medications, hospitalizations, risk assessments, screening tools, treatment status including level of care and community referrals, and treatment consents and authorizations. I understand that all other treatment information obtained by CAPS counseling providers will be held in the strictest confidence unless a student specifically signs a separate written release of information. If I have any questions, I will ask a staff member. I further understand that no information is released outside of the Student Wellness Center, without a prior written and signed release, unless allowable under the Family Educational Rights and Privacy Act (FERPA) or Health Insurance Portability and Accountability Act (HIPAA).

My signature indicates that I understand and give assent/consent to the above release of information:

Print Patient/Client Name _____

Signature _____ Date: _____

For Minors 17 years old and younger:

_____
Patient/Client Name (please print)

_____	_____	_____
Parent/Legal Guardian Name (please print)	Parent/Legal Guardian Signature	Date
_____	_____	
Relationship/Description of Legal Guardianship	Parent/Legal Guardian Phone #	
_____	_____	_____
SWC Staff Name (please print)	SWC Staff Signature	Date

OR

Notary Public (if not witnessed by Student Wellness Staff Member)

State of _____

County of _____

This instrument was acknowledged before me on _____, 20_____

By _____
(Name of parent/legal guardian)

_____
Signature of Notarial Officer

(Notary Stamp):

University of Nevada, Las Vegas

STUDENT WELLNESS CENTER

Agreement for Services

Student Health Center and Student Counseling and Psychological Services

I understand that only registered, enrolled and matriculating students are eligible to receive medical, pharmaceutical, and counseling services at the Student Wellness Center. I also understand that the health and mental health fees assessed as part of my registration fees does not cover the cost of all services provided at the Student Wellness Center. I further understand that I am responsible for charges related to diagnostic laboratory tests, medical procedures, medical supplies, copies of medical records, psychological assessments or medications (prescribed or over-the-counter) that I receive in the Student Wellness Center. I understand and acknowledge the following:

Payment is expected at time of services

- The Student Wellness Center will automatically place my university account on registration hold until charges are paid in full. Services from any member institution of the Nevada System of Higher Education will be denied according to the University of Nevada, Las Vegas and the Nevada Board of Regents policy. This hold will not permit a student having a delinquent account to receive transcripts of academic records, diploma, certificate or report of semester grades.
- Students with an outstanding balance may still use the Student Wellness Center services, but may not be able to incur any further charges at the Student Wellness Center. In these cases, the student may be referred to an off-campus lab or an off-campus pharmacy.
- If I am unable to make a full payment at the time of service, I agree to set up payment arrangements and sign a payment plan agreement form.
- I understand that I am responsible for paying the charge(s) in full if the student health insurance plan denies any or all payments for services received at the Student Wellness Center.
- If my account remains delinquent, the Student Wellness Center may send the account to a collection agency in accordance with Board of Regents policy, and if so, I will be liable for all collection and litigation costs.
- The Student Wellness Center is not responsible for the care or charges incurred off campus. It is my responsibility to make financial arrangements with off-campus provider(s).
- The Student Wellness Center may withhold any check made payable to me by the University of Nevada, Las Vegas and will apply said check to my unpaid balance.
- A fee will be assessed for returned checks. The prevailing bank rate is assessed for any check returned unpaid by the bank. Any returned check shall be made good within ten (10) days after notification to the student or suspension or disenrollment procedures may be instituted.
- I understand that I am responsible for providing accurate contact information to the Student Wellness Center. I also understand that without accurate contact information, my account could become delinquent and may be sent to a collection agency.

My signature acknowledges that I have read and agreed with the above conditions of the Student Wellness Center Financial Agreement.

Print Patient/Client Name _____

Signature _____ Date: _____

For Minors 17 years old and younger, see next page.

University of Nevada, Las Vegas

STUDENT WELLNESS CENTER

Agreement for Services

For Minors 17 years old and younger:

My signature acknowledges that I have read and agreed with the above conditions of the Student Wellness Center Financial Agreement.

_____
Patient/Client Name (please print)

_____ _____ _____
Parent/Legal Guardian Name (please print) Parent/Legal Guardian Signature Date

_____ _____
Relationship/Description of Legal Guardianship Parent/Legal Guardian Phone #

_____ _____ _____
SWC Staff Name (please print) SWC Staff Signature Date

OR

Notary Public (if not witnessed by Student Wellness Staff Member)

State of _____

County of _____

This instrument was acknowledged before me on _____ , 20 _____

By _____
(Name of parent/legal guardian)

_____
Signature of Notarial Officer

(Notary Stamp)

Student Wellness Center

University of Nevada, Las Vegas
4505 S. Maryland Parkway
Las Vegas, NV 89154-3020
Phone: (702) 895-3370
Privacy Officer: Dr. James Davidson

Your Information. Your Rights. Our Responsibilities.

This notice describes how health information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic health record
- Amend your paper or electronic health record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated
- *See Page 2 for more information on these rights and how to exercise them*

Your Choices

You have some choices in the way that we use and share information as we:

- Coordinate care with family and friends about your condition, if indicated
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information
- Raise funds
- *See Page 3 for more information on these rights and how to exercise them*

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- *See Page 3 and 4 for more information on these rights and how to exercise them*

Your Rights | When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an electronic copy of your health record**
  - You can ask to see or get an electronic or paper copy of your health record and other health information we have about you. Ask us how to do this.

- We will provide a copy or a summary of your health information, usually within 30 business days of your request. We may charge a reasonable, cost-based fee.

- **Ask us to amend your health record**
  - You can ask us to amend health information about you that you think is incorrect or incomplete. Ask us how to do this.
  - We may say "no" to your request, but we'll tell you why in writing within 60 days.
- **Request confidential communications**
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - We will say "yes" to all reasonable requests.
- **Ask us to limit what we use or share**
  - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
  - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless law requires us to share that information.
- **Get a list of those with whom we've shared information**
  - You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
  - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice**
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you**
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will need to verify the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated**
  - You can complain if you feel we have violated your rights by contacting Dr. James Davidson at Jamie.Davidson@unlv.edu, calling (702) 895-3370, or by writing to Student Wellness Privacy Officer, 4505 S Maryland Parkway, Las Vegas, NV 89154-3020.
  - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
  - We will not retaliate against you for filing a complaint.
- **Notification of breach**
  - You have the right to be notified upon a breach of any of your unsecured protected health information.

Your Choices | For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- **In these cases, you have both the right and choice to tell us to:**
  - Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- **In these cases we never share your information, un less you give us written permission:**
  - Marketing purposes
  - Sale of your information
  - Most sharing of therapy progress notes
- **In the case of fundraising:**
  - We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures | How do we typically use or share your health information?

- We typically use or share your health information in the following ways:
  - **Treat you**
    - We can use your health information and share it with other professionals who are treating you. We do not share therapy progress notes without written permission.
      - Example: A doctor treating you for an injury asks another doctor about your overall health condition.
  - **Run our organization**
    - We can use and share your health information to run our practice, improve your care, and contact you when necessary.
      - Example: We use health information about you to manage your treatment and services.
  - **Bill for your services**
    - We can use and share your health information to bill and get payment from health plans or other entities.
      - Example: We give information about you to your health insurance plane so it will pay for your services.
- How else can we use or share your health information?
  - We are allowed or required to share your information in other ways – usually in ways that contribute to public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.
  - **Help with public health and safety issues**
    - We can share health information about you for certain situations such as:
      - Preventing disease
      - Helping with product recalls
      - Reporting adverse reactions to medications
      - Reporting suspected abuse, neglect, or domestic violence
      - Preventing or reducing a serious threat to anyone's health or safety
  - **Do research**
    - We can use or share your information for health research under certain circumstances.
  - **Comply with the law**
    - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
  - **Respond to organ and tissue donation requests**
    - If you are an organ donor, we can share health information about you with organ procurement organizations.
  - **Work with a medical examiner or funeral director**

        - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
    - **Address workers' compensation, law enforcement, and other government requests**
        - We can use or share health information about you:
            - For workers' compensation claims
            - For law enforcement purposes or with a law enforcement official
            - With health oversight agencies for activities authorized by law
            - For special government functions, such as military, national security, and presidential protective services
    - **Respond to lawsuits or legal actions**
        - We can share health information about you in response to a court or administrative order, or in response to a subpoena.
        - Subject to 42 CFR part 2, we do not share patient/client records that contain information regarding substance use disorders for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: https://www.hhs.gov/hipaa/index.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

Updated February 16, 2026

This Notice of Privacy Practices applies to the following departments: ***The Student Health Center, Pharmacy, and Lab; Student Counseling and Psychological Services; and the Student Wellness Business Office.***

Student Wellness Center

University of Nevada, Las Vegas
4505 S. Maryland Parkway
Las Vegas, NV 89154-3020
Phone: (702) 895-3370
Privacy Officer: Dr. James Davidson

Notice of Privacy Practices

My signature acknowledges that I have received this Notice of Privacy Practice.

Print Patient/Client Name: _____ Date of Birth:_____

Signature _____ Date:_____

For Minors 17 years old and younger:

_____
Patient/Client Name (please print)

_____	_____	_____
Parent/Legal Guardian Name (please print)	Parent/Legal Guardian Signature	Date
_____	_____	
Relationship/Description of Legal Guardianship	Parent/Legal Guardian Phone #	
_____	_____	_____
SWC Staff Name (please print)	SWC Staff Signature	Date

OR

Notary Public (if not witnessed by Student Wellness Staff Member)

State of _____

County of _____

This instrument was acknowledged before me on _____, 20 _____

By_____
(Name of parent/legal guardian)

_____
Signature of Notarial Officer

(Notary Stamp)

University of Nevada, Las Vegas

STUDENT WELLNESS CENTER

BILL OF RIGHTS & RESPONSIBILITIES

Your Rights:

The Student Wellness Center strives to provide all patients and clients with the highest quality of health care in a manner that clearly recognizes individual needs and rights. Therefore, patients and clients have a right to:

- Receive treatment without discrimination as to age, race, color, religion, sex, gender, gender identity, national origin, disability, military status, genetic information or sexual orientation.
- Be treated with respect, consideration and dignity.
- Receive care in a clean and safe environment and be provided with appropriate privacy.
- To the extent possible, request to change providers if other qualified providers are available.
- Know the name, position, credentials, and function of any Student Wellness Center staff involved in your care.
- Expect and be afforded confidentiality, as required by law, of information and records regarding your care.
- Receive information concerning your diagnosis, evaluation, treatment, and prognosis, to the degree known. If it is inadvisable to give such information to you, the information will be provided to a person designated by you or to a legally authorized person.
- Participate in decisions about your treatment.
- Refuse treatment, examination or observation and be told what effect this may have on your health.
- Obtain a copy of your health record, within a reasonable period of time.
- Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
- Receive the information you need to give informed consent for any proposed procedure or treatment. including the risks and benefits of the procedure or treatment.
- Provide feedback or voice a grievance, without fear of reprisal, about the care and services you received (or failed to receive) and to have the Student Wellness Center respond to you. Grievances or complaints may be provided in person, by telephone, by email, by completing a "Compliments, Complaints, or Concerns" form in the Student Wellness Center, or by filling out an anonymous survey (paper copy or through the link available on the Student Wellness Center website). If you request it, a verbal or written response will be provided. If you are not satisfied with the Student Wellness Center response, you may request assistance from the Director or designee of the department from which you are seeking services. The Student Wellness Center will provide you with department telephone numbers upon request.
- Have reasonable efforts made by the Student Wellness Center staff, when the need arises, to communicate with you in the language you primarily use.
- Understand and use these rights. If for any reason you need help with this, the Student Wellness Center will provide assistance. Please ask a staff member if you need assistance or have any questions.

Your Responsibilities:

In order to ensure the effectiveness of Student Wellness Center services, you and your health care provider must work together to develop and maintain your optimum health. You have the responsibility to:

- Follow all Student Wellness Center patient/client policies.
- Arrive on time for scheduled appointments. If you are unable to keep a scheduled appointment, please call and cancel, in advance, so that another patient/client may be scheduled in your place.
- Provide your health care provider with complete and accurate information so that your provider is able to determine the best treatment for you: fill out all forms honestly and completely, tell your provider about past and current diagnoses and treatments, such as past illnesses, hospitalizations, medications, including over-the-counter products and dietary supplements, and any allergies or sensitivities; and be as clear as you can about current symptoms, including pain and/or psychological stress.
- Provide your contact information, including your emergency contact, and keep the information updated and accurate with the Student Wellness Center.
- Participate in your care and follow the treatment plan given by your care provider.
- If required by your health care provider, arrange for a responsible adult to transport you home or to another facility from the Student Wellness Center and remain with you for 24 hours or the recommended duration as indicated by your health care provider.
- Be open and honest with your health care provider if you do not understand or cannot comply with instructions you are given.
- Call your health care provider promptly or seek emergency care if your condition worsens or does not follow the expected course.
- Meet with your health care provider at least one week before you run out of your current supply of prescription medication.
- Use prescription and over-the-counter medications as directed. Only take medication that has been prescribed to you and never share your prescribed medications with others. Consult the pharmacy or your prescriber regarding the safe disposal of unused medication.
- Treat the Student Wellness Center staff, as well as other patients/clients, with courtesy and respect.
- Respect others' right to privacy.
- Inquire about charges and fees prior to approving tests or services.
- Know the coverage provided by your health insurance policy, if you have health insurance, before making appointments or scheduling tests. If you have the UNLV Student Health Insurance Plan and have questions or are uncertain about coverage, contact the Student Wellness Health Insurance Program Officer at shi@unlv.edu or via the front desk. If you have another insurance plan, contact your insurance carrier directly with questions.
- Accept personal financial responsibility for any charges. If you are covered under a health insurance policy, you are responsible for any charges not covered by your health insurance plan.
- Pay for services when rendered. If you require assistance, please contact the business office via the Student Wellness Center front desk and inquire about a payment plan.

University of Nevada, Las Vegas

STUDENT WELLNESS CENTER
BILL OF RIGHTS & RESPONSIBILITIES

My signature indicates that I understand the Student Wellness Bill of Rights and Responsibilities.

Print Patient/Client Name: _____ Date of Birth:_____

Signature _____ Date:_____

For Minors 17 years old and younger:

_____
Patient/Client Name (please print)

_____	_____	_____
Parent/Legal Guardian Name (please print)	Parent/Legal Guardian Signature	Date
_____	_____	
Relationship/Description of Legal Guardianship	Parent/Legal Guardian Phone #	
_____	_____	_____
SWC Staff Name (please print)	SWC Staff Signature	Date

OR

Notary Public (if not witnessed by Student Wellness Staff Member)

State of _____

County of _____

This instrument was acknowledged before me on _____, 20 _____

By _____
(Name of parent/legal guardian)

_____
Signature of Notarial Officer

(Notary Stamp)