

WELCOME TO THE UNLV STUDENT WELLNESS CENTER

Informed Consent for Treatment

The Student Wellness Center is comprised of the Student Health Center (SHC), Student Counseling & Psychological Services (CAPS) and the Behavioral Health Team (BHT), which is a joint team within SHC and CAPS that provides psychiatric and behavioral health services. 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 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 as advised by your provider.

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 will 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 allergic reactions to medications. We will work with you during unexpected treatment outcomes and/or refer you to a higher level of care with the capability to treat your condition.

The Student Wellness Center participates in the teaching mission of the university. Therefore, professional students in training, such as medical students, doctoral psychology interns and 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 student to be involved in your care.

In order to ensure the highest quality counseling services 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 used only for agency supervisory purposes and kept strictly confidential. All recordings are permanently erased at the end of counseling and supervision. No video recording is performed 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 During the Coronavirus (COVID-19) Pandemic

The novel coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization, and, because COVID-19 is a new virus, there is limited information known about it and how infection may impact each individual. There is also limited information at this time about COVID-19 and the risks and effects on pregnancy and the developing fetus. COVID-19 is a contagious disease believed to be spread by respiratory droplets through person-to-person contact and possibly through contact with surfaces that an infected person has touched. Due to the nature of the COVID-19 and what is known thus far about transmission, health experts recommend wearing facial coverings/masks, washing hands or using hand sanitizer frequently, avoiding touching your face, and maintaining social distancing.

The Student Wellness Center has implemented a number of preventative measures aimed to reduce the spread of COVID-19 and other respiratory diseases within our facility. Please ask a staff member if you would like to learn more about these measures. However, even with preventative measures in place and while following

health experts' advice regarding social distancing and face coverings/masks, given the nature of COVID-19, there is an inherent risk of contracting COVID-19 while visiting the Student Wellness Center. Due to current conditions, the Student Wellness Center is offering telehealth visits for anyone who is at risk of infection or who has concerns about possible exposure to COVID-19. Please ask a staff member if you have questions and see below for additional information regarding telehealth visits. If you are experiencing any symptoms of COVID-19, have had a direct exposure to someone with COVID-19 infection, or have other risks, such as travel, please speak to a staff member for guidance if you have not already done so.

Student Wellness Center Policies:

Confidentiality: Patients/clients are not permitted to record office visits or counseling sessions. All information discussed within office visits and sessions, including in person or telehealth, is 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 Student Wellness 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 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 graduate students at the Student Wellness Center (e.g., professional students, doctoral interns, psychiatric residents, medical students and nurse practitioner students).

In order to provide quality whole-person care, certain health information will be shared among Student Wellness Center staff. Specifically, mental health professionals will have access to your mental health and medical records. Medical professionals will have access to your behavioral health records which includes 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 and community referrals, and treatment consents and authorizations. All other treatment information obtained by CAPS will be held in the strictest confidence unless a student specifically signs a separate written release of information. If you have any questions, please ask a staff member.

Electronic Health Records: All protected health information in the electronic medical 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 to ensure appropriate access. 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. Your Student Wellness Center health and counseling records will be destroyed 7 years after their receipt or production in accordance with state law and Nevada System of Higher Education (NSHE) record retention and disposition schedules. For minors, health and counseling records will be destroyed after the patient reaches the age of majority (18 years) plus 7 years.

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 face-to-face communication with a care provider, telehealth communication with a care provider, laboratory studies, questionnaires, etc. Based on these assessments, students will be offered services most appropriate to their needs. For example, many students benefit from our primary care services for preventive medical care such as immunizations and yearly physicals to treatment of acute and chronic diseases. Other services include psychiatric care and therapy through the BHT which aims to address your emotional, behavioral, and/or physical concerns within the medical clinic. Some students benefit from more traditional outpatient mental health services delivered by CAPS. Should students present with issues that are beyond the level of care of CAPS, SHC or BHT, staff will assist students with community referrals.

Appointments: Appointments are available by calling the SHC or CAPS/BHT. Patients of the SHC may also make an appointment using our patient/client portal, UNLV WellnessView. To register on the portal and to make an appointment, please visit <https://unlv.medicatconnect.com>. Since the scheduling of an appointment is a reservation of time specifically for you, the failure to cancel a same-day appointment prior to the start of that appointment time or to cancel an advance appointment without 24-hours advance notice will result in a \$25.00 late cancellation/no-show charge. The \$25.00 late cancellation/no-

show fee will be charged to your Student Wellness Center account if your appointment is missed at the SHC, CAPS, BHT, or with the Registered Dietitian. If you arrive late for an appointment, you may need to reschedule. You may also be charged a late cancellation/no-show fee if you arrive late and miss your appointment time. You may appeal this fee within 30 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 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.

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. UNLV Students with CHP Consolidated Health Plan (Cigna Network) may also call the 24-hour Nurse Advice Line (Ask Mayo Clinic) at 844-886-2896 (toll free).
- **For mental health concerns:** Call the 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 (toll free) or Montevista Hospital 702-364-1111 (24 hrs.).
- **National Suicide Prevention Lifeline:** 1-800-273-8255.

Potential Applicants for CAPS Training Program: Students who wish to apply to CAPS training program should be aware that receiving services from CAPS 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 trainee while they are receiving clinical services at CAPS. There must be a minimum of a 6-month, or one semester, waiting period between the date of termination of CAPS services and the beginning of a practicum/internship at CAPS.

Communication: The Student Wellness Center may contact you (by phone, voicemail, email, letter, text message, or through our patient/client portal-UNLV WellnessView) at the contact information you have provided 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. If you would like to register on the patient/client portal, please visit <https://unlv.medicatconnect.com>. If you would like to receive text messages from UNLV Student Wellness with important notifications (e.g., appointment reminders and confirmations, secure messages from your clinician), please access the Forms section of the patient/client 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. The surveys and/or comment cards are located on each floor of the Student Wellness Center. Compliments and/or complaints may also be reported through our website: <https://www.unlv.edu/srwc/health-center/student-services>.

Electronic Signature: Student Wellness uses electronic signatures. I understand and agree that, by typing my name, this represents my electronic signature on Student Wellness 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 Student Wellness.

For Students who are Employed by UNLV:

SWC providers are unable to complete Family Medical Leave Act (FMLA) paperwork for students who are employed by UNLV as advised by UNLV's General Counsel due to potential conflicting interests. These students will be referred to an off-campus provider. In addition, the SWC is not contracted by UNLV to provide Workers' Compensation care to employees. Please call UNLV Risk Management and Safety (702-895-5404) for information on approved facilities to receive care for a workplace injury or illness if you work at UNLV.

Americans with Disabilities Act (ADA) Documentation:

Please speak to your clinician or a member of the SWC 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 call or visit the Disability Resource Center on campus for more information and assistance (702-895-0866). Please note: The SWC does not provide documentation or certification of a disability for employment purposes for any type of employment (on or off campus).

Consent for Treatment of Students who are Minors: 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 (stitches) of lacerations, counseling and psychiatric services. This may involve in person services, telehealth services, or a combination of both. Services are provided by health care 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, it must be signed by the parent or legal guardian and notarized. This Informed Consent for Treatment is effective until the student reaches the age of majority (18 years old) in the state of Nevada. 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 forms are needed in the future 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 his/her 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. 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, and examination and treatment of a sexually transmitted infection.

Informed Consent for Telehealth Services

Telehealth refers to various forms of electronic communication used to deliver healthcare services to meet non-emergent needs. 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, Personal 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 face-to-face office visits are not feasible or when it would be more convenient for the patient/client or provider
- Offers efficient evaluation, management, and communication of medical and mental health needs
- Minimizes the spread of infectious disease
- Decreases time associated with travel to a healthcare office

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

- Every effort will be 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 (i.e. poor quality or resolution of sound or images), necessitating a face-to-face 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. face-to-face services), I will be asked to schedule an appointment for a face-to-face office visit in 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)
 - 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 severe physical symptoms that requires in-person medical attention
 - Medical emergencies (e.g., chest pain, difficulty breathing, anaphylaxis)
2. Telehealth mental health counseling will only begin after having contact with a mental health provider and after they have determined that such counseling is appropriate for your care. For existing patients/clients, this transition may occur as part of your on-going care. For new patients/clients, telehealth counseling will only occur after participating in a screening process. The provider will inform you if participating in telehealth counseling is appropriate for you.
3. For a patient/client to receive telehealth counseling, they must be physically located in Nevada. Telehealth counseling cannot be provided by the Student Wellness Center if the patient/client is residing in other states or international jurisdictions.
4. I understand that I will need the following for teleconferencing appointments:
 - A personal computer or electronic device with a camera
 - A reliable internet connection
5. I understand that there may be an incurred cost from participating in telehealth visits (i.e. cost of phone call, use of minutes) and that I am responsible for covering these costs.
6. I agree to follow etiquette guidelines during telehealth appointments, as if I were in a traditional setting. This includes:
 - Appropriate dress and grooming
 - Paying attention to your provider and/or other group members (if participating in a telehealth group)

- Working to minimize external distractions (e.g., no pets in room, private location with door closed, etc.)
 - Keeping the link to the video conferencing appointments confidential
7. I agree that I am not permitted to record my telehealth sessions.
 8. I understand that technological complications can occur during a telehealth consultation, and I may be asked to re-schedule if necessary.
 9. I understand that the laws protecting privacy and confidentiality of health information also apply to telehealth and that this information will not be disclosed to researchers or other entities without my consent except for scheduling, billing purposes, and/or authorization by law.
 10. 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 they deem that I am at risk of harming myself and/or others.
 11. I understand that telehealth consultations may not be as complete as face-to-face services.
 12. I understand that there are alternative methods of obtaining healthcare that are available to me and that I may select one or more of these methods at any time.
 13. I agree that certain situations, including emergencies and crises, are inappropriate for telehealth services.
 - I understand that emergency situations include, but are not limited to, thoughts about hurting or killing either another person or myself, psychotic symptoms including hallucinations, being in a life threatening or emergency situation of any kind, uncontrollable emotional reactions, or impairment due to abusing alcohol or drugs.
 - If I am in crisis or in an emergency I agree to seek immediate assistance through one of the following resources:
 - 9-1-1
 - National Suicide Hotline (24 hours) 1-800-273-8255
 - Nevada Suicide Hotline (24 hours) 1-800-992-5757
 - Crisis Text Line (24 hours) Text CONNECT or HOME to 741741
 - UNLV CARE Line (confidential hotline for guidance about stalking, rape, and relationship violence; Monday-Friday at 7 am-7 pm) 702-895-0602
 - UNLV Student Counseling & Psychological Services (crisis walk-in services during open business hours) 702-895-3627

Typing my first and last name indicates that I understand and give assent/consent to the above information and policies.

My signature below 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)

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 records which include psychiatric records and those of behavioral health providers who work at the SHC. Additionally, I agree to allow medical professionals to have limited access to my 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 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 them of a staff member. I further understand that no information is released outside of the Student Wellness Center unless allowable under FERPA or HIPAA without a prior written and signed release.

My signature below 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 fee 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.

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

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

Patient/Client Signature: _____ Today's Date: _____

For Minors 17 years old and younger:

Patient/Client Name (please print)

Parent/Legal Guardian Name (please print)

Relationship/Description of Legal Guardianship

SWC Staff Name (please print)

Parent/Legal Guardian Signature Date

Parent/Legal Guardian Phone #

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
(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 medical record
- Amend your paper or electronic medical 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:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information
- Raise funds

► *See page 3 for more information on these choices 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 pages 3 and 4 for more information on these uses and disclosures*

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 or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical 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 medical 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 a 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 unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy 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 psychotherapy 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 plan so it will pay for your services.

continued on next page

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 the 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 and legal actions

- We can share health information about you in response to a court or administrative order, or in response to 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: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.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, in our office, and on our web site.

This Notice of Privacy Practices applies to the following organizations.

The Student Health Center, Pharmacy, and Lab; Student Counseling and Psychological Services; and the Student Wellness Business Office.

I acknowledge that I have received this Notice of Privacy Practices, with an effective date of **September 23, 2013**.

Print -Patient/Client Name:

Signature: _____ Date: _____

For Minors 17 years old and younger:

Patient 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)

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 race, color, religion, gender, gender identity, national origin, disability, 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 medically 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 medical 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 have 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:

- 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 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 correct and complete contact information and keep your contact 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 medical insurance policy before making appointments or scheduling tests. If you have the UNLV Student Health Insurance Plan and are uncertain about coverage, contact the Student Wellness Health Insurance Program Officer 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.

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

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)