

## Consent to Treat

Welcome to the UAF Student Health and Counseling Center (SHCC). Our professionally trained staff provides services in the areas of medical care, counseling, health education and student health insurance.

Our aim is to provide you with excellent professional care. If you have questions about the services you receive or have any problems with services at the UAF SHCC, please discuss these matters with your service provider or the Director of SHCC.

The UAF Health Center Fee you paid as part of your university fees supports the SHCC and covers the cost of most medical and counseling services we offer. There are modest charges for some services such as laboratory, supplies, medications, and extended counseling. When there are charges, payment is due at the time of service. Any charges left unpaid will be forwarded to the UAF Bursar's Office at the beginning of each week along with a non-descriptive charge which will say HC charges. Once an unpaid charge is sent to the UAF Bursar's Office, the Health and Counseling Center can no longer accept payment for that charge. The Bursar's Office will send a bill and payment must be made to the Bursar's Office. Grade reports and registration may be delayed if bills remain unpaid per Bursar policies.

Name (First, Middle, Last): \_\_\_\_\_

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

Client UA ID# \_\_\_\_\_

Check the box/boxes of the type of services you consent to receive at the UAF SHCC::

- ☐ Counseling /psychological diagnostic and treatment services
- ☐ Acute and primary medical care
- ☐ All vaccine and immunization services
- ☐ Vaccines and immunizations except those listed below

Client Signature: \_\_\_\_\_ Today's Date : \_\_\_\_\_

## Acknowledgment of Notice of Privacy Practices

Please review our Notice of Privacy Practices carefully. You will be giving us information about yourself and your health and personal needs and we want you to understand how we record your personal health information, how we assure the security of that information and, most importantly, how we control the use of that information. We abide by the federal laws, state laws and professional ethical standards that control the way we handle your personal health information. There are circumstances where we will release protected health information you provide us without your authorization or knowledge and these situations and circumstances are explained in detail in our Notice of Privacy Practices.

We are required by federal law to ask you to sign this form acknowledging that we have given you a chance to review our Notice of Privacy Practices and that we have offered you a copy of the Notice. If for any reason you do not want to sign this form, one of our staff will sign it and will indicate that you were offered our Notice of Privacy Practices and that you did not want to sign this form. We also publish our Notice of Privacy Practices on our web site at [www.uaf.edu/chc](http://www.uaf.edu/chc).

I acknowledge (indicated by my signature below) that I have been offered a chance to read and review the Notice of Privacy Practices at the UAF SHCC and I have been offered a copy.:

- ☐ yes
- ☐ no

Client Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

