

Student Health Clinic Consents and Privacy Practices

Name: _____ Student ID: _____

Please read each of the four sections and sign where requested.

➤ Section 1: CONSENT TO TREATMENT

I hereby voluntarily consent to the rendering of such care, including procedures, medical treatment, and counseling services, by authorized staff as deemed necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatments of my condition.

Signature: _____ Date: _____

➤ Section 2: CONSENT FOR TELEHEALTH VISITS:

This document is an addendum to the Informed Consent for Treatment at the Augusta University Student Health Clinic and does not replace it. All aspects of informed consent for treatment in that document apply to telehealth (TH) visits.

WHAT IS TELEHEALTH? Telehealth is a virtual platform that occurs via phone or videoconference using a variety of technologies. TH is offered to improve access to health care services to Augusta University students. You are not required to use TH and have the right to request other service options or withdraw this consent at any time without affecting your right to future care or treatment at the Augusta University Student Health Clinic. TH services may not be appropriate, or the best choice of service for reasons including, but not limited to: need for certain types of physical examination performed in person (e.g., listening to your heart and lungs, checking for abdominal tenderness, performing a procedure such as pap exam, etc.) or the need for specialty care, diagnostic tests, or emergency services. In these cases, your provider will help you establish referrals to other appropriate services.

CONFIDENTIALITY

TH services are conducted and documented in a confidential manner according to applicable laws in similar ways as in-person services. There are, however, additional risks including:

- Sessions could be disrupted, delayed, or communications distorted due to technical failures.
- TH involves alternative forms of communication that may reduce visual and auditory cues and increase the likelihood of misunderstanding one another.
- Your provider may determine that TH is not an appropriate treatment option due to the need for more complex or urgent care services.
- In rare cases, despite best practices in terms of security and privacy, technology could fail, and your confidential information could inadvertently be accessed by unauthorized persons.

Augusta University works to reduce these risks by only using secure videoconferencing software and these policies and procedures:

- You may only engage in sessions when you are physically in Georgia. During times of public health emergencies such as the COVID-19 pandemic, medical licensing has been temporarily extended to include S.C. Your provider will confirm this each session.

- You and your provider will engage in virtual visits only from a private location where you will not be overheard or interrupted.
- You will use your own computer or device that is not publicly accessible.
- You will ensure that the computer or device you use has updated operating and anti-virus software.
- You will not record any virtual visits, nor will the Student Health Clinic providers record your visits without your written consent.
- You will provide the cell phone number for at least one emergency contact in your location should this be necessary.

Email is not a confidential method of communication and your medical provider or nurse may not have immediate access or respond to emails quickly. If you choose to contact your provider by email, do not include private information and do not expect a prompt response. If you need to reach your provider, you may call the Student Health Clinic during business hours at 706-721-3448. Patient email communications may be viewed by other staff at the Student Health Clinic. Email communications regarding your health care issues, including prescription refills and referrals to outside providers, will be stored electronically as treatment records.

TECHNICAL PROBLEMS

Should there be technical problems with video conferencing, the most reliable backup plan is contact by phone. Make sure that the Augusta University Student Health Clinic has a correct phone number at which you can be reached and have your phone with you at the time of your virtual visit. If you are unable to connect or get disconnected, please try to connect again ASAO and if problems continue, call the Student Health Clinic at 706-721-3448.

IN CASE OF EMERGENCY

If we believe you are in crisis or have any type of medical emergency and we are unable to contact you, we reserve the right to call your emergency contact or local emergency services to ensure your safety.

- The Student Health Clinic is open from 8:00 am-5:00 pm, Mondays through Thursdays and from 8:00am – 4:30pm on Fridays on normal business days during the academic year.
- If you need medical attention after hours that is urgent but not an emergency, the [Augusta University Student Health Services](#) website lists several local urgent care centers and hospitals.
- For emergencies that occur after-hours, you agree to call the following:
 - Medical Emergency: Call 911 or go to the nearest emergency room or crisis mental health agency.
 - Psychological Crisis: Call the Georgia Access and Crisis Line (GCAL) at 1-800-715-4225 or the National Suicide Prevention Lifeline 1-800-273-8255 and speak with a counselor

I have read and understand the above information and all my questions have been answered to my satisfaction. I hereby give informed consent to my providers to use telehealth for my care.

Signature: _____ **Date:** _____



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➤ **Section 3: Notice of Financial Responsibility**

If you are enrolled and have paid the AU Student Health (SH) Fee for the semester, you are entitled to most provider visits at no charge. If you have not paid this fee, you will be required to pay a \$25 clinic access fee. These fees support the Student Health clinic to provide professional, accessible and cost-effective primary care services to AU students. The AU Student Health fee is not a health insurance plan. Please be aware that there are services that are NOT covered by the Student Health fee.

Additional fees are charged for medications, immunizations, laboratory services, diagnostic procedures, minor procedures, equipment, physical therapy visits, pap visits, physicals, travel consults. If any lab results are abnormal, additional testing will be automatically run based on sound medical practice. You will be responsible for any of these service charges.

Please go to <https://www.augusta.edu/shs/feeschedule20202021.pdf> to review the charges of the most frequently ordered services or review the list posted in our waiting area. Our receptionist can assist you with questions about other service charges.

If you are insured under the Augusta University student insurance plan, Student Health will bill the plan for services received. You will be responsible for any charges that the plan does not cover.

If you have a private insurance plan, Student Health is not an in-network provider. If you have lab work drawn that will require an outside lab for processing, the lab of your choice will bill your insurance plan. All other charges are your responsibility. Upon request, Student Health will provide you with an invoice for your services so you can file the charges to your insurance plan. Student Health cannot guarantee that your insurance company will reimburse you.

If you are insured under Tricare or Medicaid, Student Health is not an in-network provider for these plans. These plans will not pay for any of the additional services listed above that you may receive at Student Health and you will be responsible for all charges incurred.

If you are uninsured, you will be responsible for all service charges incurred during your visit.

Any unpaid service charges will be placed on my POUNCE account. If I do not have a POUNCE account, payment is expected at time of service.

If you need to cancel an appointment, please call the Health Center at least 2 hours in advance. A Service Charge of \$25.00 may be assessed to your pounce account if you fail to cancel your appointment. If you have any questions, please call the Student Health Center at 706-721-3448.

I've read and consent to both office and telehealth visits. I also understand and agree to abide by the Notice of Financial Responsibility.

Signature: _____ **Date:** _____

➤ **Section 4: Notice of Privacy Practices**

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AS A PATIENT OF THE AUGUSTA UNIVERSITY STUDENT HEALTH CLINIC MAY BE USED AND DISCLOSED.

PLEASE REVIEW THIS NOTICE CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

Student Health Services (SHS) is dedicated to maintaining the privacy of your protected health information (PHI). In conducting business, SHS will create medical records regarding you and the treatment and services provided to you as a patient. SHS is required by FERPA regulations to maintain the confidentiality of health information that identifies you, such as date of birth and social security number. Since the Augusta University Student Health Clinic exclusively serves students, patient records are considered student educational records that are protected under FERPA.

Your PHI will not be shared with family members, University officials, faculty members, friends, students, or other entities within the University or in the community, without your written consent unless required by law.

The terms of this notice apply to all records containing your PHI that are created or retained by the Student Health Clinic. SHS reserves the right to revise or amend this Notice of Privacy Practices at any time. Any revision or amendment to this notice will be effective for all of your records that the Student Health Clinic has created or maintained in the past, and for any of your records that may be created or maintained in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION IN THE FOLLOWING WAYS

1. **Medical care.** The Student Health Clinic may use your PHI as part of your medical care. For example, SHS medical providers may order certain laboratory tests (such as blood or urine tests) in order to use the results to help reach a diagnosis. SHS might disclose your PHI to a pharmacy when writing or electronically sending a prescription for you. Only Student Health Clinic staff with a legitimate need to know, including but not limited to, medical providers, nurses, and other healthcare practitioners and administrators – may use or disclose your PHI in order to treat you or to assist others in your care. With your written consent, SHS may also disclose your PHI to other health care providers for purposes related to your medical care (diagnosis, treatment, prevention).
2. **Payment.** SHS may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from the Student Health Clinic. For example, SHS may contact your health insurer to certify that you are eligible for benefits and may provide



your insurer with details regarding your medical care to determine if your insurer will cover such services. SHS also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, SHS may use your PHI to bill you directly for services and items. SHS may disclose your PHI to other health care providers and entities to assist in their billing efforts.

3. **Health Care Operations.** The Student Health Clinic may use and disclose your PHI as part of clinic operations. For example, we may use your PHI to evaluate the quality of care you received from SHS medical providers or other quality improvement activities. SHS may disclose your PHI to other health care providers and entities to assist in their health care operations.
4. **Appointment Reminders.** The Student Health Clinic may use and disclose your PHI to contact you and remind you of an appointment.
5. **Treatment Options.** The Student Health Clinic may use and disclose your PHI to inform you of potential treatment options or alternatives.
6. **Disclosures Required By Law.** The Student Health Clinic will use and disclose your PHI when required to do so by federal, state or local law. More information about notifiable disease reporting requirements from the Georgia Department of Public Health is available at <https://dph.georgia.gov/epidemiology/disease-reporting>

According to FERPA:

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies. See below.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information. See below.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
 - School officials with legitimate educational interest; other schools to which a student is transferring; specified officials for audit or evaluation purposes;
 - Appropriate parties in connection with financial aid to a student; Organizations conducting certain studies for or on behalf of the school; accrediting organizations;
 - To comply with a judicial order or lawfully issued subpoena;
 - Appropriate officials in cases of health and safety emergencies; and
 - State and local authorities, within a juvenile justice system, pursuant to specific State law.

- Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI:

1. **Confidential Communications.** You have the right to request for appropriate representatives from the Student Health Clinic to communicate with you about your health and related issues. To request a confidential communication, you must make a written request to the AU Student Health Services via fax (706) 721-7468 or email: studenthealth@augusta.edu. Please specify how and when you would like to be contacted. We will accommodate reasonable requests and a reason for the request does not have to be specified.
2. **Requesting Restrictions.** You have the right to request a restriction in the Student Health Clinic's use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that the clinic restrict disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. The Student Health clinic is not required to agree to your request. However, if the request is agreed upon, the clinic is bound by the agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in the use or disclosure of your PHI, you must make your request in writing to the Privacy Coordinator, AU Student Health Services (see below).
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of your PHI, including medical records and billing records, but not including psychotherapy notes. You must submit your request in writing and realize that there may be a reasonable fee charged for the costs of copying, mailing, and handling your request. You may email your request to: shsrecords@augusta.edu.
4. **Amendment.** You may ask the Student Health Clinic to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for the clinic. To request an amendment, your request must be made in writing and submitted to the Privacy Coordinator, AU Student Health Services (see below).
 - a. You must provide a reason that supports your request for amendment. The clinic will deny your request if it is not submitted in writing, and/or if the reason supporting your request is not provided in the written request. Also, your request



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may be denied if you ask the Student Health clinic to amend information that is deemed:

- accurate and complete;
 - not part of the PHI kept by or for the Student Health Clinic;
 - not part of the PHI which you would be permitted to inspect and copy; or
 - not created by the Student Health Clinic.
5. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of this notice of privacy practices by contacting the Privacy Coordinator, AU Student Health Services (see below).
6. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint by contacting the Privacy Coordinator, AU Student Health Services (see below). All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. **Right to Provide an Authorization for Other Uses and Disclosures.** Student Health Services will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to the Student Health Clinic regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, the clinic will no longer use or disclose your PHI for the reasons described in the authorization. Please note, Student Health Services is required to retain records of your care.

Your signature on this [Privacy Policy Acknowledgement](#) indicates that you have been notified of this policy.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Privacy Coordinator
AU Student Health Services
Pavilion II, AF 1040
Augusta, Georgia 30912 (706) 721-3448
Email: studenthealth@augusta.edu

For more information about FERPA:

- ☒ Phone: 1-800-USA-LEARN (1-800-872-5327)
- ☒ Mail: Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW Washington, D.C. 20202-8520

RECEIPT OF NOTICE OF PRIVACY PRACTICES

Once the form is signed, you will be sent an electronic copy to your email. A hard copy can be received by requesting from Student Health Services.

Signature: _____ Date: _____