

Student Health Service Agreement to Treatment

Except in emergency/crisis situations, Student Health Services staff have a legal and ethical obligation to obtain your informed consent before initiating services.

General Medical Consent

I am over 18 years of age. I consent to general medical care through Student Health Services, including but not limited to laboratory procedures, x-ray tests, administration of drugs, medical and/or clinical services rendered to me as a patient under the general and special instructions of a physician or a nurse practitioner. Services provided are determined by mutual agreement of the medical staff and the student. Referrals will be given if it is determined that treatment requires more than what Student Health Services can provide, or upon your request.

Confidentiality

Student Health Services maintains a policy of confidentiality. All services are guided by the medical privacy and medical licensing laws of the State of California, and other applicable laws. All information disclosed during your appointments, including status as a client of Student Health Services, is confidential and will not be revealed to anyone outside of Student Health Services without your written permission, except under specific conditions as described in the attached Caltech Student Wellness Services Notice of Privacy Practices. Please be sure to read this document carefully.

Patient Rights and Responsibilities

As a patient of Student Health Services, I have certain rights and responsibilities that are included in the Caltech Student Wellness Services Patient/Client Rights and Responsibilities document. Please be sure to read this document carefully.

Financial Aspects of Care

I understand that the health fee I pay each term provides for access to many medical services at Student Health Services while I am enrolled as a student. For those services not covered by the health fee, such as laboratory fees, drug costs and transportation, I agree to accept full financial responsibility. I understand that such services provided by Student Health Services will be charged to my Caltech student account in accordance within the applicable rates and terms. I understand it is my responsibility to arrange for treatment by health care providers off campus, to be responsible for any charges incurred, and to submit them to my health insurance provider for reimbursement, whether I have selected the Caltech student health insurance plan or another insurance plan. I understand that Student Health Services does not bill insurance for any services rendered Caltech will not be responsible for submitting bills to my health care provider on my behalf. I understand that it is my responsibility, if I have any questions or concerns regarding

medical services that carry a charge, to ask a Student Health Services staff member for clarification and additional information.

After Hours Care

Student Health Services does not provide after-hours care. Please review our website for a list of your options: <http://wellness.caltech.edu/health/after-hours-weekend-care>

Appointments, Cancellations, and No-show Policy

Please be on time to your scheduled appointment. If you are unable to attend your scheduled appointment, we ask that cancellations be made 24 hours in advance, to ensure that we are able to use the appointment time to accommodate another student. If you frequently fail to attend your scheduled appointments it may affect your ability to get a timely appointment in the future.

Background Checks

Some employers, government agencies, and others, as part of background checks or employment, security clearance, and/or life insurance, request or even require applicants to sign consent forms to release information about their health histories. It is the policy of Student Health Services that all requests for information will be handled by the Director or designee and be discussed with you, if you are reasonably accessible, prior to release of any information.

Revocation and Effective Expiration of this Agreement

I understand and agree that this agreement shall be effective from the date this document is signed until the end of the academic year of my last enrollment at Caltech. I further understand that I may revoke this agreement at any time by giving written notice of my revocation to Student Health Services. I understand that my revocation of this agreement will not affect any actions or treatment rendered by Student Health Services staff before the receipt of my written notice of revocation.

Acknowledgement

I have read this agreement and consent to its terms.