

SHaW Consent for Treatment



Student Health and Wellness (SHaW) has an integrated whole-person approach to care delivery, with equal importance placed on physical, emotional and psycho-social wellness. Engaging in your health and wellness comes with many benefits; however, there may be associated risks with seeking treatment. The SHaW integrated approach provides collaboration between providers to minimize risk and provide a team approach to care. This signed consent extends to all SHaW services and providers.

I hereby authorize UConn Student Health and Wellness staff to provide medical and/or mental health treatment, which may include medications for treatment of illnesses/injuries, and to arrange for emergency medical care if circumstances render me incapable of making such decision.

I understand that Student Health and Wellness staff may disclose my medical/mental health records and/or information from such records to appropriate SHaW personnel for purposes of treatment, payment and healthcare operations, and hereby consent to such disclosures.

I understand that any vaccine administered at Student Health and Wellness may be shared with the Department of Public Health, including demographics such as race, ethnicity, and address, as regulated by section 19a-7h-3 of the Regulations of Connecticut State Agencies.

I may opt to schedule a telehealth appointment. Telehealth allows my medical provider and/or mental health provider to diagnose, consult, treat and educate using video-conferencing or telephonic services. I further understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that our telehealth services could be disrupted or distorted by technical failures. My provider may, at any time, determine that telehealth is no longer appropriate, and recommend the resumption of in-person sessions. I understand that the same confidentiality standards that apply to a medical or mental health in-person visit also apply to a Telehealth visit.

I also understand there are exceptions to confidentiality wherein SHaW may disclose information from my medical/mental health record, including;

- *Imminent Threat to Health or Safety.* When needed in a psychiatric or medical emergency
- *Collaboration with the Care Team.* I understand that the University is required by law to have a trained threat assessment team. I understand that there are times when Student Health and Wellness (SHaW) staff will share such information when, in an effort to ensure the safety of the University and its community members, including myself, SHaW deems such limited sharing of information is advisable.
- *Abuse/Neglect.* Mandatory reporting of child, elder, and dependent adult abuse and in the case of credible threats of violence toward a reasonably identifiable person.
- *Judicial or Administrative Proceedings.* If I am involved in a court proceeding and a request is made for information about my diagnosis, treatment and/or medical record such information is privileged under state law. Appropriate releases and consultation with legal counsel will inform next steps.
- *Health Oversight:* Certain Connecticut Health Boards have the power, when necessary, to subpoena relevant records should a SHaW staff member be the focus of an inquiry. SHaW staff may be required to report to the appropriate Connecticut Board if SHaW receives information that provider is engaging in illegal or unethical practices.

Group Counseling: Although the information discussed in group sessions is considered confidential by SHaW staff members, confidentiality by other group members cannot be guaranteed. Confidentiality will be discussed and encouraged among all members as a vital part of group membership.

Digital Recording: I understand that my appointments with SHaW mental health trainees may be recorded for the purpose of continued staff training and clinical supervision. The recordings are treated confidentially and are deleted after they are reviewed. I will never be recorded without my permission.

UConn D1 NCAA Student Athletes. In addition to the above stated payment policy, a separate authorization and reimbursement request for any remaining SHaW service balance may be submitted to the Division of Athletics for

review only after personal insurance reimbursement options have been exhausted. The fees associated with SHaW services for student athletes will be equal to the fees associated with SHaW services provided for non-athletes. The Director of Sports Medicine is responsible for approval of payment for mental health services and related expenses. If you wish to “opt out” of this procedure, please place a check mark in the box below.

UConn D1 NCAA Student Athletes. By checking this box, I agree to opt out from having SHaW submit an authorization and reimbursement request to the Division of Athletics for my unpaid SHaW service balance.	<input type="checkbox"/> Opt Out
---	----------------------------------

By signing below, I authorize Student Health and Wellness to submit to my insurance and agree to take responsibility for all charges not covered by my insurance. I understand that it is my responsibility to verify that my insurance is in-network with Student Health and Wellness, and I accept any charges associated with my visit if my insurance is out-of-network. I acknowledge that my PeopleSoft account may be put “on hold” for unpaid charges incurred at Student Health and Wellness.

Signature(s) below indicates understanding of, and agreement with the above information.

Student Signature: _____ Date: _____	Parent/Guardian Signature: _____ Date: _____
Print Student Name: _____	Print Parent/Guardian Name: _____ <i>If you are under the age of 18 years old, your parent/guardian must sign</i>