



Patient Acknowledgement and Consent -CWRU faculty & staff

Consent to Health Care Services:

I am requesting that health care (medical and/or mental health) services be provided to me at Case Western Reserve University Health and Counseling Services (UHCS). I voluntarily consent to all medical treatment and health care-related services that the caregivers at UHCS consider to be necessary for me. These services may include diagnostic, therapeutic, and laboratory services, including HIV testing. If I want any HIV testing to be performed anonymously, I will tell my UHCS caregiver. I understand that UHCS may provide certain services by remote telehealth technology. Such telehealth services involve a health provider who is at a site remote from my location at the time of the service, and, as such, telehealth often involves the transmission of video, audio, images, and other types of data. The remote health provider will determine whether the condition being diagnosed or treated is appropriate for telehealth, and I understand that there is no guarantee of diagnosis, treatment, or prescription. Further, I understand that I may have to travel to see a health provider in-person for certain diagnosis and treatment matters.

I consent to and fully understand all of the risks associated with the testing and treatment. I acknowledge that I have been given the opportunity to discuss the testing and treatment considerations and risks, and understand that I also have the opportunity to ask any questions, and that I will let the UHCS provider know if I do not understand information about testing and/or treatment. I consent to the treatment proposed and authorized by UHCS. I have the responsibility to provide, to the best of my knowledge, accurate and complete information about my present health, past illnesses, hospitalizations, and medications.

Financial Responsibility:

Subject to applicable law and the terms and conditions of any applicable contract between UHCS and a third-party payer, and in consideration of all health care services rendered or about to be rendered to me, I agree to be financially responsible and obligated to pay UHCS for any balance not paid under the "Assignment of Benefits/Third Party Payers" paragraph below

Assignment of Benefits/Third-Party Payers: In consideration of all health care services rendered or about to be rendered to me, I hereby assign to UHCS all right, title, and interest in and to any third-party benefits due from any and all insurance policies and/or responsible third-party payers of an amount not exceeding UHCS regular and customary charges for the health care services rendered. I authorize such payments from applicable insurance carriers, third party payers, and other third-parties. A list of usual and customary charges is available upon request. Except as required by law, I assume responsibility for determining in advance whether the services provided are covered by insurance or other third party payer.



Confidentiality

UH&CS operates within professional ethical guidelines and applicable federal and state laws which protect the privacy of your health records. Please be assured that your medical records at UH&CS are confidential and maintained in files completely separate from your personnel file. UHCS staff will not disclose information to any party within the university without your written permission or unless pursuant to one of the exceptions.

Exceptions to Privacy and Confidentiality

There are some important exceptions to confidentiality. These exceptions include: instances of imminent risk of harm to yourself or to another person(s); when you require immediate hospitalization; or when we are compelled by law or a court ruling to disclose information. When disclosure is necessary based on one of these exceptions, UHCS staff may share pertinent information with university officials, family members, other health care providers, or other individuals or agencies in order to mitigate the existing concern, UHCS might also have an obligation to disclose certain health information to your employer as it relates to your work at CWRU (ie. workers compensation information, immunization information, health clearance to perform job). A copy of the UHCS Notice of Privacy Practices is available on our website or you may request a copy at the time of your appointment.

If you have questions about our care model, feel free to discuss them with your UHCS provider or administration. Concerns can be emailed to uhcs@case.edu.

****Acknowledgement**

By checking this box I consent to receiving care at UHCS