

**Illinois State University
Student Health Services
CONSENT FOR TREATMENT**

I acknowledge that I have read, understand, and consent to the following:

I hereby consent to receive medical care from Illinois State University (ISU), Student Health Services (SHS). I also authorize treatment utilizing laboratory, radiology or other diagnostic studies which, in the judgment of the attending physician/advanced practice clinician, may reasonably be necessary to preserve and protect my health. I further authorize HIV testing unless I notify the health care provider that I do not consent to HIV testing in writing.

I further authorize ISU Student Health Services to use or disclose any information in my patient record, for the purpose of carrying out treatment (including but not limited to information regarding prescriptions and referrals), payment (including but not limited to internal and external billing for payment of services and insurance purposes), or health care operations. I understand that some services will be covered by the ISU health fee and that other services will be billed to me through my ISU account. I authorize those charges which are not covered by the health fee to be billed to my ISU Account for purposes of payment. I understand it is my responsibility to request an itemized bill and to file any insurance claims. I understand that if I am unable to keep my appointment or fail to cancel at least one hour in advance, a missed appointment fee will be charged to my ISU account. I understand that I will be assessed charges for services or missed appointments and that SHS will release my name to Student Accounts for purposes of posting charges to my account for purposes of payment.

Any information disclosed during my contacts with the SHS, or records maintained in written and/or electronic form, will be kept strictly confidential as required by state and federal law, and by applicable ethical standards. In most instances, my written permission is required before information about my contacts with the SHS is released; however, according to state and federal law, there are exceptions to the above rules of confidentiality and disclosure. Some of these exceptions include, but are not limited to the following. Medical providers are required by state law to report any instance of suspected child abuse to appropriate agencies. Medical providers have a legal duty to take action if they conclude that I intend to harm myself or another person. If I put my health or mental health at issue in any lawsuit, SHS may be required to release information from my records.

By clicking the "I consent" box, I agree that I have read and fully understand and agree to all the information above.

Contact Information: University Privacy Officer, Student Services Bldg. Room 305
Telephone: (309) 438-8658