



PRIVACY NOTICE & CONSENT TO TREAT

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW YOUR HEALTH RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THESE RECORDS. PLEASE REVIEW IT CAREFULLY. This privacy notice is being provided to you as a patient of the Student Health & Wellness Center (the "Center" or "we"). This privacy notice is designed to describe how your health records that we acquire while you are a patient at the Center may be used or disclosed.

SERVICES PROVIDED

The Center provides healthcare to Champlain College's undergraduate and international students and referral services for graduate students. Our staff includes nurse practitioners, registered nurses and administrative support. In addition to providing individualized medical and psychiatric care to students, we also teach health education and wellness on a one-on-one basis and through campus-wide programming. Our focus is on independent care of acute and chronic conditions that affect the student population. We are not a primary care provider and do ask that our students maintain a relationship with their primary care provider.

CONFIDENTIALITY

The Center is committed to your right to privacy and maintaining the confidentiality of your health records. The Center staff operates as a team in order to provide the best possible service to students. As professionals, we confer with each other within the Center and, to the extent you receive services from the Counseling & Accommodations Center, we will confer with professionals providing counseling services. The Center may also disclose your treatment records to healthcare providers outside of Champlain College that are involved in your care.

Information will not be disclosed outside of the center without your written permission, except as provided below. When information is disclosed, it becomes subject to the recipient's privacy policies and may be disclosed in ways not allowed or anticipated by these policies, including to insurance companies or other payers.



EXCEPTIONS TO WRITTEN CONSENT

The Center may disclose your treatment records without your consent as permitted or required by law, including in the following situations:

- **Other Health Providers Involved in Your Treatment:** The Center may disclose treatment records to other health care providers with whom we are collaborating on your treatment plan. This includes providers we are referring you to for specialty and/or emergency care, including Champlain College Counseling & Accommodations Center and University of Vermont Medical Center.
- **Public Health Authorities:** The Center must report any instance where a student patient has a communicable disease that is listed on the Department of Health's website as a threat to the public.
- **Judicial Order, Subpoena and Legal Action:** We may disclose your treatment records in order to comply with a judicial order or lawfully issued subpoena. We will make a reasonable effort to notify you of the order or subpoena in advance of compliance with the request, so you may seek protective action. If a legal dispute should arise between you and us, we may disclose your health records to the court, without a court order or subpoena, as long as the information is relevant for us to either defend ourselves or proceed as the plaintiff.
- **Firearm Wound and Child Abuse:** The Center is required to report student patients that present with firearm wounds to the authorities. Clinic staff are also required to report reasonable suspicions of child abuse, either in an underage student or in the children of students.
- **Threat to Self and Others:** The Center is required to report a student patient that expresses threats of violence towards self or an ascertainable victim or where the emotional/mental stability of a student patient is an issue.

QUESTIONS OR COMPLAINTS

You are encouraged to ask questions regarding our confidentiality policy. If you have any questions or complaints, please contact the Center.



SECTION THREE — PRIVACY NOTICE & CONSENT TO TREAT (continued)

CONSENT TO TREAT

My signature below indicates that:

- I have read the above Privacy Notice
- I consent to treatment by the Champlain College Student Health & Wellness Center staff
- I authorize the Center to contact my health care provider about any information missing from my health history or immunization record
- If I require specialist services, lab testing, x-rays, prescriptions or other referrals beyond the primary care services available at the Center, I shall assume the financial responsibility in collaboration with my health insurance provider

Student's Signature: _____ Date: [mm / dd / yyyy] _____
Student's Name: (printed) _____ DOB: [mm / dd / yyyy] _____

Parent/Legal Guardian Signature: [if student is under 18] _____
Date: [mm / dd / yyyy] _____

EMAIL COMMUNICATIONS

We prefer to not communicate with patients via email due to potential security risks. The best way to communicate with us and maintain the privacy of your confidential information is to speak with us in person or on the phone. If you desire to have us communicate with you by email, we prefer to have your consent in advance.

I consent to the Student Health & Wellness Center communicating with me about my confidential health information via email and acknowledge and accept the risks of communicating my sensitive health information by email.

Student's Signature: _____ Date: [mm / dd / yyyy] _____
Student's Name: (printed) _____ DOB: [mm / dd / yyyy] _____

Parent/Legal Guardian Signature: [if student is under 18] _____
Date: [mm / dd / yyyy] _____