CONSENT FOR MEDICAL TREATMENT/BEHAVIORAL HEALTH SERVICES

Medical Consent: I am voluntarily seeking health care and hereby consent to medical treatment, procedures, x-ray, laboratory tests, and other health care services from UCSD Student Health Services (SHS) and/or other contracted providers. I have the right to refuse specific treatments or procedures. I am at least 18 years of age, an emancipated minor, or the parent/legal guardian of a student under 18 years of age. (NOTE: Minors may consent to treatment for certain medical conditions.)

Behavioral Health Services (BHS) Consent: BHS includes mental health crisis intervention, clinical case management, and care coordination, provided by the UCSD SHS Clinical Social Worker or the CAPS Psychiatrist, Psychologist, or Post-doctoral Resident. The Post-doctoral Resident is supervised by a licensed psychologist and will inform you of the name and contact information for their supervisor who can be contacted through the CAPS central office. Information disclosed is confidential except in cases of imminent danger to self, others, or a grave disability, or disclosure of abuse of a child or vulnerable adult. I acknowledge that both SHS providers and BHS providers may access or share information within my chart that is applicable and pertinent to facilitate co-treatment and referrals. Access is limited to relevant information for the purpose of collaborative care. If I do not wish my BHS records be shared with SHS providers, I have the right to inform my CAPS BHS provider so that access to my counseling information can be limited to CAPS staff. I acknowledge that there are emotional risks involved in discussing my personal issues and challenges, and I voluntarily accept these risks. Should it be deemed appropriate for me to begin treatment with a CAPS provider, I acknowledge that I will consent to that treatment separately.

For students with UCSHIP insurance: I authorize UCSD SHS to bill my Insurance Plan on my behalf for any outside laboratory or other expenses incurred. I accept responsibility for payment for all services not covered by UCSHIP, including any visit fees and pharmacy co pays. These charges may be paid by credit card on the day of service or charged to my university student account.

For students who do not have UCSHIP insurance: I accept responsibility for payment of all expenses incurred from services provided at UCSD SHS. These charges may be paid by credit card on the day of service or charged to my university student account. Charges include, but are not limited to, visit fees, medications, laboratory testing, x-rays, and supplies.

This agreement of “Consent for Medical Treatment/Behavioral Health Services” can be revoked by me at any time by written notification and is valid until revoked.

Print Student Name  Student PID#  Student Signature  Date

If Consent for a minor under 18 years of age:

Print Parent/Guardian Name  Parent/Guardian Signature  Date

Verbal Consent for a minor under 18 years of age (circle one):  Mother  Father  Legal Guardian

Name of person contacted:  Phone:

Witness:

Print Name:  Signature:  Date:

Witness:

Print Name:  Signature:  Date: