CONSENT FOR MEDICAL TREATMENT

1. 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 Student Health 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: Pursuant to Civil Codes 34.5–34.10, minors may consent to treatment for certain medical conditions.)

2. For students with UCSHIP insurance: I authorize UCSD Student Health Services 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.

3. For students who do not have UCSHIP insurance: I accept responsibility for payment of all expenses incurred from services provided at UCSD Student Health Services. 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.

4. This “Consent for Medical Treatment” can be revoked by me at any time by written notification and is valid until revoked.

If Consent for a minor under 18 years of age:

Print Student Name __________________________ PID # __________________________ Print Parent/Guardian Name __________________________

Signature of Student __________________________ Date ________________ Signature of Parent/Guardian __________________________ Date ________________