

BELMONT UNIVERSITY HEALTH SERVICES
INFORMED CONSENT FOR TREATMENT & NOTICE OF PRIVACY PRACTICES
BELMONT FACULTY & STAFF

This notice is effective September 18, 2020

Services

Belmont University Health Services provides **non-emergency**, outpatient medical care for **all currently enrolled students, staff, and faculty**. Our Health Services clinic is staffed by board-certified nurse practitioners that are experienced in treating various medical problems. Services include but are not limited to visits for acute illnesses/injuries, physical exams, screenings, immunizations, lab services, travel consultations, and allergy shots.

Referrals

Health Services provides a wide array of medical services for the Belmont community, but we are not able to meet every need. Based on Health Services resources as well as your individual treatment goals and needs, you may be referred to community providers for continuing care and treatment.

Costs

All office visits to Health Services are free to Belmont students and employees. Some lab tests, medications and procedures offered during a visit are provided for a nominal charge. Health Services neither accepts insurance nor submits claims to insurance carriers for these charges. You are responsible for completing these charges at the time of service. You should be prepared to provide your health insurance card when obtaining health-related services off-campus. It is important to verify that your insurance provider covers such off-campus services.

Appointments

Since demand for services is typically high, we ask that you only schedule appointments that you are confident you will keep. If you need to cancel or reschedule, please call (615) 460-5506 with as much advance notice as possible so that we may make the time slot available to another student or employee. Appointments can also be scheduled and canceled online through the Health Portal available in your myBelmont account. However, appointments may not be able to be made online during certain periods. Please arrive 15 minutes early for your appointment. If you are more than 6 minutes late to an appointment, you will be asked to reschedule. If Health Services staff must cancel an appointment with you, the reception staff will contact you to reschedule.

Telehealth

To facilitate medical care services during times when public health concerns limit patient access to the clinic, we are adding telehealth (TH) as an option for eligible BU students, faculty and staff. TH refers to health services visits that occur via phone or videoconference using a variety of technologies. TH is offered to improve access to health services to Belmont University students, faculty, and staff when significant barriers of travel to campus for health services exist, such as campus closure. However, the results of TH cannot be guaranteed or assured. You are not required to use TH and have the right to request other available service options or withdraw this consent at any time without affecting your right to future care or treatment at BUHS. TH services may not be appropriate, or the best choice of service for reasons including, but not limited to: heightened risk of harm to oneself or others; lack of access to, or difficulty with, communications technology; significant communications service disruptions; or need for testing, physical examination, or more intensive services. Your health care provider may determine TH is not an appropriate treatment option or stop TH treatment at any time if your condition changes or TH presents barriers to treatment. In any of these cases, your health care provider will help you establish referrals to other appropriate services.

Telehealth Confidentiality Considerations

TH services are conducted and documented in a confidential manner according to applicable laws in similar ways as in-person services. There are, however, additional risks including:

- Visits could be disrupted, delayed, or communications distorted due to technical failures.
- TH may reduce visual and auditory cues and increase the likelihood of misunderstanding one another.

- In rare cases security protocols could fail and your confidential information could be accessed by unauthorized persons.

BUHS works to reduce these risks by only using secure videoconferencing software and these policies and procedures:

- You must confirm your location during each TH visit. Due to state regulations TH may not be available if you are physically located outside Tennessee.
- You and your health care provider will engage in sessions only from a private location where you will not be overheard or interrupted.
- You will use your own computer or device or use one that is not publicly accessible.
- You will not record any visit, nor will BUHS record your visit without your written consent.
- You will provide contact information for at least one emergency contact at your location who BUHS may contact if you are in need of emergency medical or mental health services and your health care provider is unable to reach you.

Should there be technical problems with video conferencing, the most reliable backup plan is contact by phone. Make sure that BUHS has a correct phone number at which you can be reached and have your phone with you at all times during your TH visit. If you are unable to connect, or get disconnected, please try to connect again and if problems continue call BUHS.

Telephone and Electronic Communications

The content of phone calls, voice mail messages, text messages, and secure messaging will be incorporated into your electronic health record (EHR). Health Services will communicate with you by phone and via the secure messaging feature of our EHR system. Health Services does not communicate HIPAA protected information via email.

Treatment Rights

When seeking care from Health Services, you are entitled to receive information about the methods and duration of treatment, techniques used, fee structure, and associated risks, if known. Treatment is an active and cooperative effort involving both you and your care providers. If you should have any concerns about your progress or the results of your treatment, we encourage you to discuss them with us at any time. You can request a transfer to another provider or terminate treatment at any time.

PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PERSONAL INFORMATION AND HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. IT IS YOUR RESPONSIBILITY TO REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential.

You have the following rights with respect to your protected health information (PHI), that you can exercise by presenting a written request to the Privacy Official:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of PHI from us by alternative means or at an alternative location.
- The right to inspect and copy your PHI.
- The right to amend your PHI.

- The right to receive an accounting of disclosures of PHI.
- The right to obtain a paper copy of this notice from us upon request.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers.
- Payment means such activities as billing for vaccines, lab work, and prescriptions.
- Operations mean administrative activities of the clinic necessary to run it or planning activities to improve it.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

We are required by law to maintain the privacy of your PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

This notice is effective September 18, 2020, and we are required to abide by the terms of the Notice of Privacy Practices in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PHI that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint. Please contact the Privacy Official for Health Services at 615-460-5506 with any questions or concerns regarding this privacy statement.

BELMONT UNIVERSITY HEALTH SERVICES
TREATMENT AUTHORIZATION AND SIGNATURE PAGE
(Please print and sign this last page and upload to your Health Portal)
This notice is effective September 18, 2020

****I have carefully reviewed the above Informed Consent for Treatment and Privacy Practices and I give my consent to be treated at Belmont University Health Services.****

Patient Signature _____

Date _____

Printed Name _____

BUid _____

TELEHEALTH CONSENT

I have carefully reviewed the above information regarding Telehealth, I understand this information, and all my questions have been answered. I hereby give informed consent to use telehealth in my care. I understand that by entering my name here and my Belmont University ID, I am agreeing to telehealth services at Belmont University Health Services.

Patient Signature _____

Date _____

Printed Name _____

BUid _____