

**BELMONT UNIVERSITY HEALTH SERVICES**  
**INFORMED CONSENT FOR TREATMENT AND PRIVACY PRACTICES**  
**BELMONT STUDENTS**

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 Belmont students, 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 covered by tuition and fees. 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 time of service, and the charges cannot be applied to student accounts. 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 health-related services in the Nashville area.

**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. Appointments can also be scheduled and cancelled 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 staff cannot keep 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 TH 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.

**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.

### **Confidentiality and Privacy of Your Health Records**

Belmont University Health Services maintains your health information separately from all other Belmont University records about you. Access to health records is limited to appropriate Health Services staff. Except as permitted by FERPA law or described in this policy, we will not disclose information about you or your health care to persons outside of Health Services without your permission. Belmont Health Services and Counseling Services have a collaborative care policy that allows medical and counseling staff to share information and coordinate your care when appropriate. To protect your privacy within the agency, we follow a "need to know" guideline. This means that Health Services providers may review your records if they are providing you with care that requires such access. Your health record is archived for seven (7) years after your graduation or date of last attendance. This notice is effective September 18, 2020

### **Examples of How We May Use and Disclose Medical Information About You.**

We use and disclose your medical information in a variety of circumstances and for different reasons. Many of these uses and disclosures require your prior authorization. There are situations, however, in which we may use and disclose your medical information without your authorization, including for treatment, payment of health services, health care operations and certain other situations. Specifically, we may use and disclose your protected information as follows:

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.

#### Immunization Records.

Your immunization record is part of your academic record and may be disclosed to pertinent university officials on a "need to know" basis.

#### Treatment.

We will use and disclose your medical information to provide, coordinate, or manage your health care and any related services. For example, physicians and other health care providers who may be treating you or consulting on your treatment will have access to your medical information. Medical information may also be provided to a physician to whom you have been referred to insure that the physician has the necessary information to diagnose or treat you.

#### Payment.

Your medical information will be used to obtain payment for services that are provided to you. This may include use and disclosure of medical information for certain activities requiring approval or payment.

#### Communications with Individuals Involved in your Care or Payment for your Care.

If you provide us with authorization, health professionals such as a doctor or a nurse, using their professional judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, medical information relevant to that person's involvement in your care or payment related to your care. If circumstances do not permit prior authorization, (for example in an emergency or if you are unconscious or otherwise unable to give consent) we will make our best judgment as to whether such disclosures are in your best interest.

#### Worker's Compensation.

We may disclose your medical information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

### Research.

Under certain circumstances, we may use and disclose medical information about you for research purposes, or we may contact you about research projects that you may qualify for. All research projects are subject to a special approval process before we use or disclose medical information. Often, you will need to give permission before we share your information with others for use in research. If your information is used, the researcher must keep your information safe and confidential.

### Public Health.

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

### Law Enforcement & Legal Proceedings.

We may disclose your medical information for law enforcement purposes as required by law or in response to a valid subpoena or court order. We may disclose medical information in the course of judicial or administrative proceedings, in response to an order of a court or administrative tribunal (to the extent disclosure is expressly authorized), and in response to a subpoena, discovery request, or other lawful process.

### Serious Threat to Health or Safety.

We may use and disclose medical information when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person.

## **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.

## **Minors and Confidentiality**

Students under the age of 18 require parental/guardian consent to be treated for health related services in the Belmont University Health Services clinic. Exceptions to this requirement are governed by Tennessee law and can be reviewed at [https://www.tn.gov/content/dam/tn/health/documents/Mature\\_Minor\\_Doctrine.pdf](https://www.tn.gov/content/dam/tn/health/documents/Mature_Minor_Doctrine.pdf).

## **Complaints**

If you have concerns about the health care services being provided to you, we encourage you to discuss them with your health care provider. If you are unable or unwilling to do that, you may share your concerns with the Director of Health Services at (615) 460-5506 or with a member of the Dean of Students office at (615) 460-6407.

## **Your Rights**

Your rights are listed below. If you would like to exercise any of these rights, inquire at the front desk or ask a staff member for the proper form.

- The right to inspect and receive copies: You may request a copy of your records, by submitting the request in writing to Student Health and Counseling.
- The right to request confidential communications: You are assured confidentiality by communicating with Health Services via our secure messaging system.
- The right to amend your record: You may request to amend your record if you think it is incorrect or that important information is missing.
- The right to obtain an accounting of disclosures: You may request to receive a list of certain instances when we have disclosed your health information.
- The right to obtain a paper copy of this notice from us upon request.

If you have questions about your privacy rights or believe they have been violated, you can file a complaint with: US Dept. of Health & Human Services, 200 Independence Ave. SW, Washington, DC 20201. Toll Free: 1-877-696-6775 or 202-601-0257.

## **Contact Information**

If you need to reach your health care provider, you may call BUHS during business hours at 615-460-5506. Please see the BUHS website at <http://www.belmont.edu/health-services> for current hours the clinic is open.

If you are in need of emergency care outside of normal hours, you agree to:

- If on campus, call Campus Security at 615-460-6911
- If off campus, call 911 or go to the nearest emergency room
- Call the National Suicide Prevention Lifeline (1-800-273-8255) to speak with a counselor

**BELMONT UNIVERSITY HEALTH SERVICES**  
**TREATMENT AUTHORIZATION AND SIGNATURE PAGE**  
*(Please print and sign this last page and upload to your Health Portal)*

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.

**\*\*\*Note: STUDENTS UNDER AGE 18 MUST ALSO HAVE SIGNED AUTHORIZATION BY PARENT/GUARDIAN\*\*\***

Student Name: \_\_\_\_\_

BUID: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Students UNDER AGE 18:**

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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.

Student Name: \_\_\_\_\_

BUID: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Students UNDER AGE 18:**

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please include best number for us to contact you in case of technological difficulties:

\_\_\_\_\_

Please enter emergency contact name and phone number below:

\_\_\_\_\_