



Cougar Health Services

WASHINGTON STATE UNIVERSITY

WSU Health Care Components General Consent for Care and Services, and Authorization for Disclosure of Health Information

Overview

In order to provide health care services to you, WSU needs to obtain your consent for treatment. As part of providing health care services to you, WSU also wants to make you aware of how we use and share your personal information. This General Consent for Care and Services and Authorization for Disclosure of Health Information explains this information so you can make informed decisions about your care.

- **Care and Treatment**

By submitting this form you acknowledge and are providing consent to WSU's Health Care Components (HCCs as defined in WSU's [Executive Policy #40](#)), and other WSU covered departments that utilize an electronic medical record platform (e.g., College of Veterinary Medicine, and Athletic Medicine) to perform reasonable and necessary examinations, testing, and treatment. If additional testing or treatment procedures are recommended, you may be asked to read and sign additional consent forms. You have the right to discuss any treatment plans with your provider and we encourage you to ask questions if you have any concerns regarding any recommended tests or treatments. It is the policy of the Washington State University Cougar Health Services (CHS) to provide and utilize patient chaperones when requested or necessary during sensitive examinations, procedures, and care. CHS will communicate the availability of chaperones to patients, their caregivers, and/or authorized legal representative by posting signs in each exam room.

- **Disclosure of Information for Public Health Purposes**

By submitting this form, you are acknowledging and authorizing Washington State University to disclose certain health care information to outside entities as required by law. As a health care provider within the State of Washington, we are required by law and/or certain agreements to disclose certain health care information to the Washington State Department of Health, local health departments, and/or federal public health authorities. The purpose for making these disclosures is to protect public health, prevent and control the spread of diseases, and to share important health information (e.g., immunization data) for other lawful public health purposes such as public health surveillance. Only certain individuals (e.g., licensed health care providers who provide care to you) and entities (e.g., health plans) authorized by law may have access to your applicable personal information. These authorized individuals and entities must maintain any personal identifiable information in a confidential and secure manner, and in accordance with the law. By receiving health care services, you consent and authorize



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CHS to disclose the following personally identifiable information or education records in accordance with the Family Educational Rights and Privacy Act (FERPA):

- All health information and data that qualifies as [Notifiable Condition - Per Washington Dept. of Health](#) (e.g., COVID-19, HIV, hepatitis, certain sexually transmitted diseases) under Washington law, see e.g., [WAC 246-101 et. seq.](#), to authorized public health officials and/or authorities.
- Immunization data, including transmission to and from the Washington State Immunization Information System maintained by the Washington State Department of Health.

You may withdraw your consent to share this information at any time. A request to withdraw your consent should be submitted in writing and signed. You understand that even if you do not consent or withdraw your consent, applicable federal or state laws may permit or require disclosure of your personally identifiable information or education records to authorized public health officials and authorities.

- Student Health Fee

The student health fee supports our operations and allows WSU to offer comprehensive health services in one convenient on-campus location. Students at WSU have access to receive a wide range of services and resources. Charges may be incurred for additional services not covered by the student health fee. (If you are a student receiving care at CHS, a list of additional services that are not covered by your health fee can be found on the Cougar Health Services website at cougarhealth.wsu.edu/services). Charges for other services will be billed to your insurance or to you personally. Any charges billed to you will appear on your student account and you authorize disclosure of these charges to appear on your student account. If you would like details regarding the services billed to your account, please log into your student patient portal account to view a description of your bill or contact the service provider directly. You are responsible for any part of your bill that is not covered by insurance.

- Insurance Coverage

If you have medical insurance, please provide your insurance information. Please upload a picture of both sides of your insurance card to your patient portal within **five days** of your visit. If you fail to provide us with your insurance information within this time, you will be considered self-pay. Your student account will be billed for all charges incurred during your visit and you will accept full financial responsibility. HCCs cannot guarantee benefits on behalf of your insurance provider. It is recommended that you contact your insurance plan if you have any questions about your coverage or benefits prior to receiving any services. By submitting this agreement you acknowledge that you are financially



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responsible for all charges not covered by your insurance benefits and your student account will be charged.

- Self-Pay

If you do not have medical insurance, you may be eligible for the Financial Assistance Program (FAP). After your visit, please stop by the HCC's Billing & Insurance Office and they can provide information about this program.

- No Surprises Act (NSA) of 2021

Through the NSA, if you are an uninsured or a self-pay student, as of January 01, 2022, you have the right to request a good faith estimate of the expected costs of any health care items or services upon request or when scheduling such items or services. You have the right to receive a Good Faith Estimate for the total expected cost of any health care items or services upon request or when scheduling such items or services. This includes related costs like medical procedures, prescription drugs, diagnostic tests, and lab fees.

If you schedule a health care procedure or service at least 3 business days in advance, you may request WSU to provide you a Good Faith Estimate in writing and we will do this within 1 business day after scheduling. If you schedule a health care procedure or service at least 10 business days in advance, you may ask WSU to provide you a Good Faith Estimate and we will give it to you in writing within 3 business days after scheduling. You can also ask WSU for a Good Faith Estimate before you schedule a procedure or service. If you do, WSU will give you a Good Faith Estimate in writing within 3 business days after you ask. **Make sure to save a copy or a picture of your Good Faith Estimate and the bill.**

If you get your bill and find you were charged an amount that's \$400 or more than what is on your good faith estimate, you can use a new process to request that an independent third-party, called a dispute resolution entity, review your case and determine an appropriate payment. This process is called "patient-provider dispute resolution."

The dispute resolution entity will review the good faith estimate, your bill, and information submitted by your provider or facility to determine if you should pay the amount on your good faith estimate, the billed charge, or an amount in between the two. There's a \$25 non-refundable administrative fee to start this process.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises, email FederalPPDRQuestions@cms.hhs.gov, or call the U.S. Department of Health & Human Services at 1-800-985-3059.



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- Communication Consent and Authorization

I freely and voluntarily consent and authorize all HCCs within Washington State University to communicate with me via phone, email/text message including, but not limited to, the following reasons:

- Appointment reminders/cancellations
- Patient portal reminders
- Insurance reminders
- Prescription pick-up reminders

I am aware that communication by electronic means involves certain risks, including but not limited to, the information communicated by e-mail/text is not totally protected from access by unauthorized persons; e-mail/text is like a postcard that can be read by anyone possessing the ability to access that postcard. It is for these reasons that I understand that HCC providers will not communicate sensitive information about my health via email or text messaging.

Instead, HCC providers will respond to the email stating communication is not conducted through emailing, rather providers will utilize more confidential forms of communication. Health care information will be communicated through the secure patient portal to lessen these risks. I understand that communication with my healthcare team about my health must be done through calling, secure messaging from the patient portal, or visiting the HCC. Any urgent questions must be communicated through calling or visiting the HCC's office. Please call 911 or go to the nearest emergency department for medical or behavioral health emergencies.

I acknowledge the following general principles:

- E-mail should not be used for sensitive issues (e.g., Health questions, STDs, alcohol, drugs, pregnancy, or mental health issues) or for multiple concerns or complex problems. Instead, these issues should be communicated through the patient portal or in person by scheduling an appointment.
- E-mail is never appropriate for urgent or emergency problems. It may take several days for a health care provider to respond to an e-mail.
- HCCs do not book/reschedule appointments or refill prescriptions by email/text. Call or visit the office for these purposes.
- Any E-mail sent may become part of the electronic medical record; copies of e-mails may also be printed and scanned into the student's electronic health record.



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I am aware that messaging and data rates may apply for text notifications. I am also aware that I can opt-out or withdraw my consent at any time. This can be done by disabling text messaging in the profile section on the Patient Portal.

I have had the opportunity to review the guidelines for use of email/text messaging. Having acknowledged these risks and principles, I wish to use e-mail/text with WSU's HCCs.

I understand that I am solely responsible for handling information sent to me via e-mail/text in a secure manner that protects my privacy.

- Acknowledgment of Privacy Practices

By submitting this form, you are acknowledging you have received a copy of the HIPAA Notice of Privacy Practices (NoPP) and authorizing Washington State University to retain your student health records for the designated time established by federal and state laws. WSU keeps a record of the services provided to you. Our obligations and your rights are explained in the NoPP, please review this document for further details. You may ask to see and receive a copy (hard copy or electronic) for your record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so unless permitted or required by law (see NoPP for details). You may see your record or get more information about your record by contacting the Medical Records department at the HCC that is providing you care. For further information and/or a copy of the Cougar Health Services NoPP, you can visit CHS's website at www.cougarhealth.wsu.edu.

You may be asked to supply proper identification for the release of medical records. A charge may apply for the copying of medical records in accordance with federal and Washington State law. See WAC 246-08-400.

By clicking submit final, I acknowledge that I have read, fully understand, and agree to the information and terms stated herein. This consent and authorization remain effective throughout the period during which I am a student and patient of WSU covered departments. I understand that I can revoke this consent at any time upon written notice directed to the appropriate point of contact at the applicable HCC.

Name (Print)

WSU ID Number

Signature

Date