



Consent to Treat and Health Care Agreement

Effective: May 18, 2026

Consent to Treatment

UHD Student Health Services is an integrated healthcare facility that provides medical and mental health services.

As a patient, you have a right to be informed about your diagnosis, suggested courses of treatment, and any risks or hazards of the suggested treatment so that you may make informed decisions regarding your course of care. At this point, no specific treatment plan has been recommended.

By signing this form, you permit the UHD Student Health Services to perform reasonable and necessary medical examinations, testing, and treatment. This includes administering recommended immunizations upon request or carrying out indicated tests (i.e., labs, urine drug screening, etc.) or treatment. Further, you authorize the UHD Student Health Services to refer you to another licensed physician for necessary continuation of care.

Please be advised, in the event a UHD Student Health Services staff member is exposed to your blood or other bodily fluid, you may be asked to undergo testing for certain communicable diseases (such as HIV, hepatitis B, and hepatitis C). This testing will help ensure the safety and health of you, other patients, and the UHD Student Health Services staff. Your participation in such testing will require your informed consent at that time, and the results will be handled in accordance with all applicable privacy laws and regulations.

You have the right to discuss the purpose of the proposed treatment, potential risks, alternatives, and benefits of any test or treatment ordered for you with your provider. If you have any concerns regarding any test or treatment recommended by your health care provider, then you are encouraged to ask your health care provider or other UHD Student Health Services staff questions. Furthermore, you have the duty to inform your UHD Student Health Services provider of any past or present health care treatment that you have received, or are receiving, by another health care provider that may be relevant to the treatment provided by the UHD Student Health Services.

Confidentiality

The UHD Student Health Services recognizes that confidentiality is essential to effective medical treatment. Therefore, your medical information will not be released without your written authorization except as otherwise permitted by law or as indicated by this consent form. Circumstances that may lead to disclosure without consent include:

1. Information released to other health care professionals or the UHD Student Health Services staff involved in your treatment. Most commonly, this information will be used for the purpose of treatment, payment, or operations;
2. A UH contractor, business associate, volunteer, or any other party that is performing services on behalf of the UHD Student Health Services;
3. If you are under 18, your parents or legal guardian(s) may have access to your records and may authorize release of your records to other parties;

4. If you are reasonably suspected to be in imminent danger of harming yourself or someone else;
5. To report abuse or neglect of children, the elderly, or disabled persons;
6. To comply with a mandate to transmit statistics to the University regarding sexual misconduct by or against you that you report to the UHD Student Health Services during your treatment and that occurred while you were employed or studying at UHD. We will only indicate the type of incident that is reported, and we will not include information that would violate your expectation of privacy. The reporting of these statistics will not trigger an investigation by the University;
7. To qualified personnel for certain kinds of program audits or evaluations;
8. In criminal proceedings;
9. In legal or regulatory actions against a professional;
10. Upon the issuance of a court order or lawfully issued subpoena;
11. If assistance from legal counsel is deemed necessary to handle a records request; or
12. Where otherwise legally permitted.

The above is considered only to be a summary of the circumstances that may lead to the disclosure of your records. More information is contained in our Notice of Privacy Practices which you may request at any time.

Financial Responsibility

By signing this Informed Consent agreement, you hereby acknowledge that you have received the UHD Student Health Services Financial Responsibility Agreement. Further, you hereby acknowledge and agree to the terms of the UHD Student Health Services Financial Responsibility Agreement, and you understand that you are financially responsible for any in-person or telemedicine services rendered by the UHD Student Health Services. If labs or testing are ordered, these services may be provided by a health care facility outside of the UHD Student Health Services, and you will be responsible for the cost of these services. Should you have any questions regarding the cost of your treatment, you are encouraged to contact or visit the UHD Student Health Services .

Acknowledgment

By signing this form, you acknowledge and agree to the following:

1. This document will become a part of your medical record.
2. You have read, understood, and agree to abide by the information, terms, and conditions contained in this consent.
3. You have had the opportunity to discuss any questions about the information contained in this form or any other aspects of the services provided at the UHD Student Health Services.
4. You hereby give your voluntary and express consent to the UHD Student Health Services to evaluate, provide medical treatment for minor or non-emergent illnesses or injuries, and/or refer you to other external providers as needed.
5. Your treatment is voluntary, and you may terminate your treatment with the UHD Student Health Services at any time.
6. You hereby give your voluntary and express consent and agree to the uses and disclosures of your health information as described above.

This consent will remain fully effective until consent is revoked in writing. You have the right to discontinue services at any time.

Acknowledgment of this agreement is obtained electronically or on a separate form.