DOS

UK St. Claire
UK St. Claire Ambulatory Services
UK St. Claire Dental Clinics

AUTHORIZATIONS & AGREEMENTS

(Patient Label Here)

CONSENT TO TREATMENT: I consent to receiving medical care from UK St.Claire. Medical care includes exams, testing, appropriate immunizations, medical treatment and treatment with controlled substances. I may be tested for HIV (the virus that causes AIDS), hepatitis and other diseases. My consent covers care from the agents, employees and medical staff of the University of Kentucky. No one has guaranteed me that the medical care will have certain results. I have the right (i) to make decisions about my health care, (ii) to refuse medical care, and (iii) to revoke this consent at any time except to the extent medical care has already been provided.
The patient or the authorized parent, guardian, responsible party or surrogate of the patient must give consent.

Images: I consent to let my health providers take and view images (such as photographs or video) for my care or identification. I understand and agree that some of these images may be retained while others are for real time monitoring only.

Teaching Institution: I understand that UK St. Claire teaches and trains doctors, nurses and other health care providers. Doctors in training (residents, interns, and house staff), medical students and other medical trainees may be involved in my care with the appropriate supervision of my doctor.

Research: I understand that someone from UK St. Claire may contact me in the future to ask me about my health or to take part in research.

FINANCIAL RESPONSIBILITY

Guarantee of Payment: I agree that I am responsible to UK St. Claire for charges resulting from services rendered at their prevailing rates. I agree that all bills are due in full upon demand. Should I fail to honor this agreement, I agree to pay any collection cost or attorney fees resulting from the collection of my accounts. Neither UK St. Claire enforcing any rights shall in any manner release me or any responsible party of liability. If the undersigned is more than one person, this obligation shall be joint and several. I agree that UK St. Claire is not a party to any disputed claim or peer-review, which affects payment of any claim filed on my behalf and that upon request for payment from UK St. Claire; I agree to pay any outstanding balance. If any legal action should be sought by UK St. Claire in connection with the collection of charges resulting from services rendered, I agree to be subject to (and hereby consent to) the jurisdiction and venue of any such action or proceeding in the courts within the County of Rowan, Commonwealth of Kentucky, and that I agree to waive any objection that I may have based on improper venue or inconvenient forum. For collection purposes, I authorize UK St. Claire and all of its entities and 3rd party agencies, to contact me on my cell phone or any other phone which I have provided as my contact information, or any number assigned to me that is available to the public, using methods which include pre-recorded/artificial voice messages or the use of automated dialer. Furthermore, I authorize UK St. Claire and all of its entities and 3rd party agencies, to communicate with me at the e-mail address provided or through text messaging.

Assignment of Benefits: I hereby assign all rights and privileges and authorize payment directly to UK St. Claire for any claim filed on my behalf or on behalf of the person for whom I am duly authorized to sign for insurance benefits. I agree this assignment is primary to any assignment given after this date including any cost relative to attorney fees. I also understand that I am financially responsible to UK St. Claire for charges not covered by this assignment or not paid on a timely basis by the insurance company.

What everyone needs to know about AIDS
Kentucky law requires that we inform you about AIDS.
HIV stands for "human immunodeficiency virus," which is a virus that attacks the body's immune system. HIV makes it harder for people with it to recover from other infections and illnesses. AIDS stands for "acquired immune deficiency syndrome," which is the health effects that happen if HIV is not treated. With treatment, a person living with HIV can be healthy and live nearly as long as a person who does not have HIV. Treatment for HIV also greatly lowers the chance that someone with HIV will pass it to others.

HIV is **not** spread through activities such as hugging or shaking hands or sharing a drinking glass. HIV is **only** spread through blood, sexual fluids or breast milk.

This usually happens by:
- Having sex without condoms
- Sharing needles

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A mother living with HIV can pass HIV to her baby, but this is now very uncommon in the US as long as the mother knows that she has HIV and is being treated. It is also very rare that HIV is passed by blood transfusions or transplanted organs, because all donated blood and organs are now tested for HIV.

HIV is mostly spread by people who do not know they have HIV. This is why it is so important to get tested for HIV at least once in your lifetime, and at least every 6 months if you are having sex without condoms or sharing needles.

Treatment with Controlled Substances

Federal and state laws regulate controlled substances (drugs) that may be abused. Kentucky law requires that you consent to treatment with these drugs before you can receive them. Some illnesses and injuries can result in pain. Some drugs can make the pain more tolerable. Some other drugs can increase focus and reduce hyperactivity. Use of these drugs can cause nausea, sleepiness, drowsiness, vomiting, constipation, sleeplessness, loss of appetite, agitation, aggravation of depression, dry mouth, confusion, slower breathing, and loss of coordination making it unsafe to drive or operate machinery. These drugs can result in physical dependence, meaning that abrupt stopping may lead to withdrawal symptoms, psychological dependence, meaning that stopping may cause you to crave the drug, tolerance, meaning you need more drugs to get the same effect and addiction, meaning you may develop problems based on genetic or other factors. You must tell your doctor if you are pregnant or are considering pregnancy.

Living Wills

Please tell your provider if you have a Living Will, Advance Directive, Power of Attorney or any other document that allows someone to make healthcare decisions for you or documents your wishes regarding your care. **You are responsible for telling your care team if you have any of these kinds of documents.**

Certification: I certify that I have read and understand the consent and authorizations given above and that I am the patient or I am duly authorized by the patient to execute this document and accept its terms.

Rights and Responsibilities: I have been advised of my Rights and Responsibilities as a Patient.

NOTE: Interpretive services **must** be offered for preferred languages other than English.

Patient or Legal Representative

Date / Time

Relationship to Patient

Interpreter Name or ID# In person or via Pacific Interpreters (circle one)

Witness

Morehead State University Counseling & Health Services Center Informed Consent

Welcome to the Morehead State University Counseling & Health Services Center. This document contains important information about our counseling services and business policies. Please read it carefully.

The Service: Psychotherapy and counseling are confidential processes designed to help you address your concerns, come to a greater under-standing of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained counselor who has the desire and willingness to help you accomplish your individual goals.

Risks and Benefits: Counseling and psychotherapy can have both risks and benefits. Therapy often involves discussing unpleasant aspects of your life, and you may experience uncomfortable feelings like sadness, guilt, anger, frustration and loneliness. However, counseling has also been shown to have benefits for people who engage in it. Counseling often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there are no guarantees of what you will experience.

Difference between counseling and therapy: The words are often used interchangeably and there is a lot of overlap between them. Counseling tends to focus on what is going on right now and how you can best cope with day-to-day life. Psychotherapy or "therapy" tends to focus on understanding and changing long held patterns of thinking, feeling, and behavior that are leading you to have difficulty right now. Therapy often requires exploring the past as well as the present. Often students will engage in both over the course of treatment. Whether your sessions with a counselor are more counseling or more psychotherapy depends on many factors, including the type of problem you are experiencing, what your counselor believes will be most helpful and what you want to get out of the experience.

Sessions: Your first appointment is for information gathering to evaluate your needs and determine if the treatment required for your concerns can be addressed at the Counseling Center. Based on this consultation evaluation, your Counselor will be able to offer you some first impressions of what your work together will include, begin to develop goals and work towards a collaborative plan of treatment to follow if you decide to continue with therapy. Frequency of sessions, number of sessions, goals, type of counseling and any alternative counseling methods will be discussed and negotiated between you and your therapist. As sessions each semester are limited, it is important you and your counselor establish goals to allow you to gain the most from your time at the Counseling Center.

Crisis: A student experiencing a mental health crisis may come to the Counseling Center at any time during office hours and be worked into a schedule for a brief evaluation. If it is after hours and you are in imminent crisis, please call 911 or one of the following numbers:

- MSU Campus Police: 606-783-2035
- Pathways Community Crisis Hotline: 606-324-1141 or 800-562-8909
- St. Claire Medical Center Behavioral Health or Emergency Department: 606-783-6661 or 606-783-6500
- National Suicide Hotline: 1-800-273-TALK (8255)

Please note that frequent crisis appointments often indicate the need for a higher level of care beyond the scope of practice of the Counseling Center.

If we refer you for a higher level of care or hospitalization, the Counseling Center is not responsible for any costs incurred. Similarly, if the police or emergency services are utilized, including, but not limited to ambulance or transportation services, the Counseling Center is not responsible for any cost associated with these services.

Access to Services: Counseling services are generally available during normal business hours, Monday thru Friday 8:00 a.m. to 4:30 p.m. throughout the year, except on holidays or breaks. The Counseling Center operates on the same Inclement Weather Plan as the University.

Fees: Counseling services are provided at no charge to all currently enrolled MSU students.

Confidentiality: The Family Educational Rights and Privacy Act of 1974 (FERPA) provides that students records maintained by physicians, psychologists, psychiatrists or other recognized professionals and para-professionals are not educational records. Therefore, client files do not become part of any permanent record at the University, but are the property of the Counseling

_____ _____

Initial Date

Center. A client's file is maintained at the Counseling Center for a period of seven (7) years from the date of last contact. A client's file will be destroyed after this seven (7) year period. **Our records are separate from all other university records. We do not reveal any information about anyone using our services unless that person gives us written permission to do so or unless required by law.** All mental health records are maintained in accordance with The Health Insurance Portability and Accountability Act (HIPPA) and applicable laws. I understand that my information will not be shared with anyone without my express written consent to release my Protected Health Information (PHI).

Exceptions: There are some situations in which we are legally required to take action to protect the client or others from harm, even though that requires revealing information about a client's treatment. If we have reason to believe that a client is suicidal, we have an obligation to defuse the danger, even if that means seeking in-patient treatment and breaching confidentiality to do so. If a client makes a threat of substantial bodily harm to another, the therapist is required by law to take protective actions, which include informing the intended victim, notifying the police in the areas of residence of the intended victim and the client, and seeking appropriate hospitalization for the client. If a therapist has reason to suspect that there is a child, spouse, or dependent adult being physically or sexually abused or neglected, the law requires the therapist to make a report to the Cabinet for Families and Children, Social Services, of such suspicion. These situations have arisen rarely in this center. Should such a situation occur, your therapist will make every effort to discuss it fully with you before taking any action.

Supervision/Consultation: Your counselor may function under supervision or may occasionally find it helpful to consult about a case with other mental health professionals. If your counselor is being supervised they will inform you of this and share with you the name of their supervisor. In other consultations, your therapist makes every effort to avoid revealing the identity of the client. Other professionals with whom the therapist might consult with are bound by the same laws and ethics regarding confidentiality as the therapist.

Electronic Communication: The Counseling Center seeks at all times to maintain and respect the confidentiality of each client, including not only the details of any services rendered, but also the fact that an individual may be in contact with us. With this in mind, we wish to remind you that electronic communication (e.g., email, texts, faxes) is not a secure form of communication. Because confidentiality cannot be assured, the use of electronic communication is discouraged in regard to communications with the Counseling Center. The fastest way to contact the Counseling Center is by phone. Please call your counselor or the office directly at 606-783-2055. The Counseling Center does utilize a secure messaging system through our Electronic Health Record (EHR) provider. This system will send secure messages and appointment reminders to your MSU email account.

Consent: I have read the information provided in this document and have had an opportunity to discuss any questions or concerns about receiving counseling services at the Counseling Center. I understand the nature of treatment, the risks, the benefits and the alternatives to treatment. No one has guaranteed me that the counseling services will have certain results or outcome. I hereby give my consent to the Counseling Center to evaluate, provide counseling services and/or refer me to others as needed. I also give my consent for the Counseling Center to contact me with secure messages and appointment reminders to my email via the clinics EHR provider.

Student Printed Name _____ **Student Signature** _____ **Date** _____

Student Date of Birth _____ **Student Phone Number** _____

If you are under the age of 18, parent/guardian signs here. I confirm that I am the parent or legal guardian of the client. I give permission for this student to participate in treatment.

Parent/Guardian Printed Name _____ **Parent/Guardian Signature** _____ **Date** _____

Parent/Guardian Phone Number _____