

University of Northern Iowa Student Health Clinic

Behavioral Health Informed Consent

The following information is designed to answer questions you may have about your treatment, confidentiality and Student Health Clinic policies. Your healthcare provider can also answer any questions you have regarding this information.

Our staff includes psychiatrists, psychiatric nurse practitioners, nurses, and support staff. You may be involved with one or more of these individuals who will work with you to develop and implement a treatment plan. The goal of treatment is to help you identify and cope more effectively with issues you may be experiencing. This may be accomplished through a combination of individual therapy, medication management of symptoms, and/or support services on or off campus.

You are responsible for providing accurate and complete information to facilitate the treatment process. You are also expected to play an active role in your treatment including the development of goals, completion of homework assignments outside the office and assessing your own progress and sharing this information with your psychiatric provider/team.

Appointments vary in length and frequency depending upon the individual you are seeing and your needs. Initial appointments with the provider typically last 60 minutes, while follow-up appointments can last anywhere from 15 to 60 minutes. In the event of any emergency during office hours, your provider, or his/her coverage, can be reached at the office. After office hours, you may contact Nurse-on-call at 319-272-2600, or seek care at your local urgent care or ER if urgent/emergent concerns.

Confidentiality of information and privacy is respected and highly valued by our staff. Psychiatric staff consult with each other as needed about the best way to provide assistance. Psychiatric services are part of the Student Health Clinic which provides integrated services for UNI students. To facilitate integrated care, medical providers at the Student Health Clinic have access to psychiatric records, and psychiatry staff have access to the Student Health Clinic records. These are only accessed as needed to ensure quality care and in accordance with accepted professional practice. Also, Student Health Clinic management, nurses, and insurance/billing staff have access to psychiatric records. Psychiatric professional staff have legal responsibility to disclose student information without prior consent when there is an imminent risk that a student may harm themselves or others; when there is reasonable suspicion of abuse of children (including viewing child pornography online), dependent adults, or the elderly; if a student lacks the capacity to care for themselves; or when there is a valid court order for disclosure of a file. You may be asked to sign a release of information so that we may speak with others involved in your life about treatment issues including counselors, family, Dean of Students office, or others involved in your success.

You will need to bring your insurance card and obtain any required authorization at the time of your initial appointment and we will file all insurance claims for you. You will be charged the full cost of your service if you do not obtain the required authorization or fail to notify us of any change in your insurance.

You are expected to attend all scheduled appointments and notify us 24 hours in advance if you are unable to attend scheduled appointments. If you do not attend a scheduled appointment, you will be charged a \$45.00 no show fee. Disruptive or threatening behaviors or actions will not be tolerated and may result in termination of services at the Student Health Clinic. The University of Northern Iowa Student Health Clinic is able to provide care to students who currently meet enrollment criteria.

I request University of Northern Iowa Student Health Clinic to provide diagnostic testing, treatment, or other services. I understand and agree by requesting such services, the following:

- I have chosen to receive treatment services and understand I may terminate services at any time unless ordered by the court.

- I understand there is no assurance that I will feel better. I will work with my treatment team in a cooperative manner to work to address my issues and problems. During the course of treatment, material may be discussed that could be upsetting in nature and this may be necessary to address issues and problems identified.
- The University of Northern Iowa Student Health Clinic’s no show policy has been discussed with me and I understand the expectations of attending appointments and consequences of missing scheduled appointments. I understand that I am not eligible for services at the Student Health Clinic if I am no longer meeting the enrollment criteria. I understand that the University of Northern Iowa Student Health Clinic may use phone and/or patient portal messaging to notify me of appointments.
- I understand that records and information collected about me will be held or released in accordance with federal and state laws regarding confidentiality.
- I understand that state and local laws require that the University of Northern Iowa Student Health Clinic report all cases of suspected abuse or neglect of minors or vulnerable adults and where there exists a danger to self or others.
- I understand that there may be other circumstances in which the law requires that the University of Northern Iowa Student Health Clinic disclose confidential information. With a signed release of information, Clinic staff may exchange any and all information pertaining to my treatment with others to the extent such disclosure is necessary for coordination of treatment services, case management, claims processing, quality assurance and/or utilization review purposes.
- I understand that the University of Northern Iowa Student Health Clinic can access and use my medication history from other health care providers and pharmacies for treatment purposes.
- I understand that I may be contacted by my insurance company to ensure continuity and quality of my treatment and/or after the completion of treatment, to assess the outcome of treatment.
- I understand that I can revoke my consent or authorization at any time except to the extent that treatment has already been rendered or that action has been taken in reliance on this consent. I understand that if I do not revoke this consent, that it will expire automatically one year after the last service has been provided by the University of Northern Iowa Student Health Clinic. Review and authorization of the informed consent will occur annually.

By signing below, you are stating that you have read and understood informed consent and you have had an opportunity to ask questions.

I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time.

Signature of Patient/Client/Legal Representative

UNI ID#

Date

Signature of Staff Member

Date