

Northland College Health and Counseling Services

INFORMED CONSENT AND AUTHORIZATION

GENERAL STUDENT RIGHTS/OUR RESPONSIBILITIES

- Health and mental health care providers at Northland College are required by law and ethical standards to maintain the privacy and security of your protected health information (PHI). Northland College makes every reasonable effort to safeguard the personal information that you may share. However, there are certain instances when a provider may need to release such information to others.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- You can ask to see or get an electronic or paper copy of your medical record or other health information we have about you.
- You have the right to request that we amend your health information.
- You have the right to know to whom we have disclosed PHI.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- You can ask us **not** to use or share certain health information for treatment or our operations. We are not required to agree to your request and we may say “no” if it would affect your care.
- You can file a complaint if you feel your rights have been violated. Complaints can be directed to Office of Student Life (student and campus life) at (715)682-1236 or studentlife@northland.edu or as otherwise directed in Northland College’s complaints process noted at <https://www.northland.edu/about/consumer-information/#student-information> or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ We will not retaliate against you for filing a complaint.

Consent for Treatment

I give my consent to Northland College healthcare providers and support staff to provide, coordinate, and/or manage health and behavioral health services for me.

Authorization for Disclosure of Protected Health Information (PHI)

I authorize disclosure of my protected health information for the purpose of Treatment and Operations.

I have been given the opportunity to discuss my concerns and questions about the privacy of my health information.

This authorization is valid for one year from the date of signature. I may revoke this consent and authorization at any future time upon written notice to healthcare or counseling staff at Northland.

Signature _____

Date _____

Printed Name _____

If I am signing as an authorized representative of the client, I am: (Circle one)

*Parent of a minor

*Court Appointed guardian/conservator

*Power of Attorney for Healthcare

**Must provide documentation of guardianship, conservatorship, power of attorney for healthcare*

Staff must document any refusal to sign

THE FOLLOWING DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

- **Treatment:** We may use or disclose your health information to a physician or other healthcare provider providing treatment to you, or to family and friends you approve. **We can only release your health records to health care facilities and providers outside our agency without your consent if it is an emergency and you are unable to provide consent due to the nature of the emergency.** These disclosures would be made for such purposes as consultation or coordination of care. In some instances, Health Services at Northland College functions as a team and providers share information within that team in a confidential manner. The consultation process may include confidential discussion about a client. This case consultation is good practice and helps to ensure high quality care.
- **Healthcare Operations:** We may use and disclose your health information for healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualification of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, or licensing activities.
- **As Required By Law:** We may use and disclose your health information when required to do so by federal, state or local law. For example, we may use or disclose PHI when the law requires us to report child, elder, or dependent abuse, neglect or domestic violence, respond to judicial or administrative proceedings, respond to law enforcement officials or report information about deceased patients. As required by law, we will use and disclose your PHI, but we will limit our use or disclosure to the relevant requirements of the law.
- **Threat To Health Or Safety:** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
- **Public Health Activities:** We may, and are sometimes required by law to, disclose your health information to public health authorities for public health activities such as: preventing or controlling disease, injury or disability, reporting communicable disease or infection exposure, and reporting to the Food and Drug Administration problems with products and reactions to medications.
- **Health Oversight Activities:** We may, and are sometimes required by law to, disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and state law.
- Northland College Health Services compiles basic statistics to assure quality and to assess student needs here on campus. In these cases, information that would serve to identify the individual is removed from any data.
- There may be some other rare circumstances where you would waive your rights to have information protected. If you are (or think you might be) involved in a legal difficulty, we suggest that you discuss such matters with your attorney before telling others about the services you receive here. If you are involved in or think you might be involved in litigation and you choose to make your mental health an issue before the court, you may be waiving your right to keep your records confidential. You might want to consult with an attorney before making such a disclosure.
- Students may want to use email to communicate with healthcare providers at Northland College. Risks of using email include, but are not limited to: Email may be forwarded, printed, or stored in numerous paper and electronic forms. Email may be sent to the wrong address by either party. Email may be intercepted, altered, or used without detection or authorization. Email may spread computer viruses. Email delivery is not guaranteed.
- Students are responsible for: Agreeing not to use email for medical emergencies or sending time-sensitive information to providers. Following up with their healthcare providers or staff if they have not received a response to an email within a reasonable time period. Informing providers of any changes to an email address. Informing their healthcare provider if they would like to discontinue using email as a form of communicating. It is recommended that students who send email messages should state a question or concern briefly and clearly, and to limit unnecessary sensitive information within the messages.