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WELCOME TO UNLV STUDENT WELLNESS CENTER

The Student Wellness Center is comprised of the Student Health Center (SHC) and Student Counseling & Psychological Services (CAPS). We are staffed by a variety of medical and mental health professionals to assist you in addressing your physical and mental health concerns. We appreciate that you have chosen to entrust us with assisting you in meeting your wellness needs!

To provide you with the highest quality of care, Student Wellness utilizes an integrated treatment approach. Our clinicians from diverse disciplines work collaboratively as a team to optimize your wellness through seamless prevention and intervention. Your clinician will assist you in deciding which services are most appropriate for you based on your presenting concerns, unique experiences, and goals for treatment. There is no charge for office visits with clinicians for currently enrolled UNLV students who have paid their health fee. There may be a charge for medications, some psychological testing, certain laboratory services, and some medical procedures.

Informed Consent for Treatment

Participating in Wellness Services can result in a number of benefits to you, including improvement or resolution of the specific concerns that led you to seek care, a better understanding of yourself, enhanced coping skills, and improved interpersonal and academic functioning. Achieving these benefits requires an open and honest relationship with your clinician and a personal effort to follow through with your treatment plan in order to reach your goals. For example, it will be important for you to take medication as prescribed, follow an agreed upon exercise plan, practice a new skill, or write in a journal. It is important to know that, for those seeking care at CAPS, counseling may produce some emotional discomfort due to the nature of the concerns addressed in session. Although this discomfort is usually temporary, it should be brought to the attention of your clinician.

Student Wellness participates in the teaching mission of the university. Therefore, medical students, residents, nurse practitioner students, mental health graduate students, nursing students, and medical assistant externs may participate in your care under close supervision of a licensed professional. You have the right to decline if you do not wish for a student to be involved in your care.

In order to ensure the highest quality counseling services and to comply with professional training standards, all services provided by graduate students at CAPS are video recorded as part of their professional training. These recordings are used only for agency supervisory purposes and kept strictly confidential. All recordings are permanently erased at the end of counseling and supervision. No video recording is performed at the Student Health Center.

Student Wellness Center Policies:

Confidentiality: All information discussed within sessions and office visits is confidential and no clinical records will appear in any academic records or transcripts. Please be aware that clinicians may be legally required to disclose information in the following circumstances: i) where there is reasonable suspicion of abuse involving a child or senior/vulnerable adult; ii) where there is a reasonable suspicion that a client presents a danger of harm to self or others unless protective measures are taken; and iii) disclosure of records may be required by a court of law in special circumstances. In addition, licensed professionals/supervisors have the right to confer about all aspects of care and counseling provided by graduate students at the Student Wellness Center (e.g., graduate students, medical students, nurse practitioner students). Student Wellness staff may consult with one another regarding treatment considerations on an as-needed basis. Information shared between SHC and CAPS staff is limited to verification of services provided, medications prescribed, and lab results. Any additional information (e.g., psychotherapy records) will not be shared without written consent by the student.

Electronic Medical Records: All protected health information is stored on a server in a secure datacenter on a secure network. Only authorized staff have access to your health information and audit logs are actively monitored to ensure appropriate access. Our electronic medical record uses multiple levels of security and encryption to keep your protected health information safe. Despite

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these rigorous precautions, there is a remote chance that a breach could occur. In the unlikely event of such a breach, you will be notified as required by law. Your Student Wellness health and counseling records will be destroyed 10 years after their receipt or production in accordance with the American Health Information Management Association (AHIMA) guidelines. For minors, health and counseling records will be destroyed after the patient reaches the age of majority (18 years) plus 10 years.

Treatment: CAPS uses a variety of brief therapy models to address psychological concerns. Services include individual, couples, and group counseling as well as medication treatment. Should students present with issues that are beyond the scope of CAPS services, their assigned clinician will assist students with community referrals.

At the Student Health Center, there are no office visit/session limits for eligible students. For coordination of care and services, referrals may be provided to off-campus medical providers and specialists, and Student Health Center staff may communicate with and assist these treating professionals in provision of your care as needed.

Appointments: Appointments are available by calling the Student Health Center, Student Counseling and Psychological Services, and Rebel Wellness Zone. Patients of the Student Health Center and the Registered Dietitian may also make an appointment using our patient/client portal, UNLV Wellness View. To register on the portal and to make an appointment, please visit https://unlv.medicatconnect.com.

Since the scheduling of an appointment is a reservation of time specifically for you, the failure to cancel a same-day appointment prior to the start of that appointment time or to cancel an advance appointment without 24-hours advance notice will result in a \$20.00 no-show charge. The \$20.00 no-show fee will be charged to your Student Wellness account if your appointment is missed at the Health Center, Counseling Center or with the Dietitian in the Rebel Wellness Zone. The no-show fee for couples counseling at the Counseling Center is \$30 since an extended 90 minute session is reserved. If you are late for an appointment, your clinician may no longer be available to see you that day and you may need to reschedule your appointment. You may also be charged a no-show fee if you arrive late and miss your appointment time. If you miss or fail to cancel an appointment two times within a semester, you may be referred off campus for further services at your expense.

Emergency Procedure: Should an emergency or urgent situation arise, the Student Wellness Center has triage clinicians available during our normal hours of operation to assist you. In the event that an emergency or urgent situation occurs outside our hours of operation:

- Call 9-1-1 or go to the nearest emergency room for an emergency
- For medical concerns: For non-emergency questions or issues, students may call
 The University of Nevada School of Medicine Multispecialty Group Practice at 702992-6888.
 - UNLV students with the Aetna Student Health Insurance plan may also call the 24-hour Nurse Advice Line at 1-800-556-1555 or TDD 1-800-278-2386.
- For psychological concerns: Call the Southern Nevada Adult Mental Health Services (702)486-6000 (M-F 8-5 pm, no insurance necessary) or Montevista Hospital (702)364-1111 (24 hrs) or Spring Mountain Treatment Center (702)873-2400 (24 hrs).
- National Suicide Prevention Lifeline: 1-800-273-8255.

Minor Students: To treat a student under the age of 18, Student Wellness must have the signature of a parent or legal guardian (appointed by a court of law) on this consent form before any general treatment may begin. The consent must be effective until the student reaches legal age (18 years old) in the state of Nevada. Exemptions to this are: a life-threatening emergency, treatment for emancipated minors with court supporting documents, treatment of drug abuse or related illness, and examination and treatment of a sexually transmitted infection. There are other situations in which a minor may give consent for services. Please ask to speak to a member of the clinical staff if you would like to discuss your individual situation.

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Potential Applicants for CAPS Training Program: Students who wish to apply to CAPS training program should be aware that receiving services from CAPS might delay their entry to the training program. In our efforts to avoid potential complications involved with multiple relationships, students are prohibited from becoming a CAPS trainee while they are receiving clinical services at CAPS. There must be a minimum of a 6-month, or one semester, waiting period between the date of termination of CAPS services and the beginning of a practicum/internship at CAPS.

Communication: Student Wellness may contact you (by phone, voicemail, email, letter, or through our patient/client portal-UNLV Wellness View) as needed at the contact information you have provided to follow up on care or provide a reminder of an appointment. You are responsible to ensure that your contact information is kept accurate and current with Student Wellness. If you would like to register on the patient/client portal, please visit https://medicatconnect.com. If you have concerns or questions regarding communication, please ask to speak with a staff member.

Compliments or Complaints: We welcome and appreciate your feedback to assist us in providing the highest quality of care. If you have compliments, comments, or complaints regarding your care at the Student Wellness Center, please ask to speak with a clinical staff member or the Director of the department. You are also invited to complete an anonymous student satisfaction survey. The surveys are located in the main lobby and on the second floor. Compliments or complaints may also be reported through the website: https://www.unlv.edu/srwc/health-center/student-services.

My signature indicates that I understand and agree to the above information and policies. I understand that in the event of a life-threatening emergency, this consent may be implied for the time of the emergency.

Print name:	
Signature:	Date:
	years old and younger:
Parent or	
Representative	
Signature:	Date:
Description of	
Legal Guardianship:	Phone Number:
D. A. M. A. G. A. A.	
Print Name of Student:	

University of Nevada Las Vegas **Student Wellness Center Agreement for Services**

Student Health Center and Student Counseling and Psychological Services

I understand that only registered and enrolled students are eligible to receive medical, pharmaceutical, and counseling services at the Student Wellness Center. I also understand that the health fee assessed as part of my registration fees does not cover the cost of all services provided at the Student Wellness Center. I further understand that I am responsible for charges related to diagnostic laboratory tests, medical procedures, medical supplies, copies of medical records, psychological assessments or medications (prescribed or over-the-counter) that I receive in the Student Wellness Center. I understand and acknowledge the following:

Payment is expected at time of services

- The Student Wellness Center will automatically place my university account on registration hold until charges are paid in full. Services from any member institution of the Nevada System of Higher Education will be denied according to the University of Nevada, Las Vegas and the Nevada Board of Regents policy. This hold will not permit a student having a delinquent account to receive transcripts of academic records, diploma, certificate or report of semester grades
- The Student Wellness Center is not responsible for the care or charges incurred off campus. It is my responsibility to make financial arrangements with off-campus provider(s)
- I understand that I am responsible for paying the charge(s) in full if the student health insurance plan denies any or all payments for services received at the Student Wellness Center
- Students with an outstanding balance may still use the Student Wellness Center services, but may not incur any further charges at the Student Wellness Center. In these cases, the student will be referred to an off campus lab for procedures and an off campus pharmacy for prescriptions
- The Student Wellness Center may withhold any check made payable to me by the University of Nevada, Las Vegas and will apply said check to my unpaid balance
- A fee will be assessed for returned checks. The prevailing bank rate is assessed for any check returned unpaid by the bank. Any returned check shall be made good within ten (10) days after notification to the student or suspension or disenrollment procedures may be instituted
- If my account remains delinquent, the Student Wellness Center will send the account to a collection agency, and if so, I will be liable for all collection and litigation costs (34%), in addition to the balance on my account in accordance with Board of Regents policy
- I understand that I am responsible for providing accurate contact information to the Student Wellness Center. I also understand that without accurate contact information my account could become delinquent and may be sent to a collection agency

I have read and agreed with the above conditions of the Student Wellness Center Financial Agreement.

Patient Signature:	Today's Date:
Print Patient Name:	Date of Birth:
FOR STUDENTS 17 YEA	ARS OLD AND YOUNGER
Parent or Representative Signature	Date:
Description of Legal Guardianship:	
Print Name:	Phone No.

Student Wellness Center

University of Nevada, Las Vegas 4505 S. Maryland Parkway Las Vegas, NV 89154-3020 (702) 895-3370 Privacy Officer: Dr. James Davidson

Your Information. Your Rights. Our Responsibilities.

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- · Amend your paper or electronic medical record
- · Request confidential communication
- · Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See page 2 for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- · Provide disaster relief
- Provide mental health care
- Market our services and sell your information
- Raise funds

See page 3 for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- · Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- · Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- · Respond to lawsuits and legal actions

➤ See pages 3 and 4 for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 business days of your request. We may charge a reasonable, cost-based fee.

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Ask us to amend your medical record

- You can ask us to amend health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

 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.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will need to verify the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting Dr. James
 Davidson at <u>Jamie.davidson@unlv.edu</u>, calling (702) 895-3370, or by writing to Student
 Wellness Privacy Officer, 4505 S Maryland Parkway, Las Vegas, NV 89154-3020.
- You can file a complaint with the U.S. Department of Health and Human Services
 Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington,
 D.C. 20201, calling I-877-696-6775, or visiting www.hhs.gov/ocr/
 privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Notification of breach

 You have the right to be notified upon a breach of any of your unsecured protected health information.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow

your instructions.

In these cases, you have both the right and choice to tell us to:

- · Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- · Marketing purposes
- · Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

 We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

 We can use your health information and share it with other professionals who are treating you. We do not share psychotherapy notes without written permission.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

 We can use and share your health information to run our practice, improve your care, and contact you when necessary. **Example:** We use health information about you to manage your treatment and services.

Bill for your services

• We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	 We can share health information about you for certain situations such as: Preventing disease Helping with product recalls Reporting adverse reactions to medications Reporting suspected abuse, neglect, or domestic violence Preventing or reducing a serious threat to anyone's health or safety
Do research	We can use or share your information for health research under certain circumstances.
Comply with the law	 We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests	 If you are an organ donor, we can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	 We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	 We can use or share health information about you: For workers' compensation claims For law enforcement purposes or with a law enforcement official With health oversight agencies for activities authorized by law For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	 We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- 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.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective September 23, 2013

This Notice of Privacy Practices applies to the following organizations.

acknowledge that I have received this Notice of Privacy Prac	ctices, with an effective date of April 14, 2003 .

☐ Patient ☐ Parent ☐ Legal Representative

The Student Health Center, Pharmacy, and Lab; Student Counseling and Psychological Services; and the Student Wellness

Print Name: _____