

## Consent to Treat

Creighton Center for Health and Counseling (Student Health Services and Student Counseling Services) practices the Jesuit charisms of *being men and women for and with others* and *Cura Personalis* by offering comprehensive, holistic care on campus. Staff includes psychologists, licensed mental health professionals, physicians, physician assistants, nurse practitioners, and counseling professionals in training for licensure. You may be assigned to a pre-doctoral or master's level counseling trainee. Trainees are supervised by at least one psychologist on staff. If you are seeing a trainee, you may be asked to record counseling sessions for the sake of their supervision. These recordings are kept confidential and deleted after review. You may decline this request. If you do not wish to be seen by a trainee, you may request to see a professional staff member.

Services provided include outpatient medical and mental health treatment. There are certain medical and mental health conditions that cannot be effectively treated within the structure and resources of the Center. If you cannot be treated effectively or safely within this structure of resources, you will be referred to medical or mental health resources within the community (in Omaha or in your home community). If you miss three or more appointments annually without 24-hour notice, you will be referred to a provider in the community.

### Accreditation

Student Counseling Services is accredited by the International Association of Counseling Services (IACS). Student Health Services is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC).

### Confidentiality

Creighton Center for Health and Counseling observes the confidentiality guidelines of FERPA (Family Educational Rights and Privacy Act) and Nebraska law. Your information in Student Health and Counseling will not be disclosed to third parties without written permission except where required or permitted by law, including: situations involving imminent danger or risk of imminent danger/harm to yourself or others; child or elder abuse; and some legal situations. Health and counseling records are protected by a secure server and further protected by passwords.

### Financial Responsibility

There is no fee charged for counseling services. There is a fee charged for health care services and psychological assessment for learning disorders and attention disorders. There is also a fee charged for psychiatric appointments. There is a no-show fee for psychiatric appointments if not cancelled 24 hours prior to the appointment.

You agree that you are responsible for payment of all charges for services provided to you. You may be required to present an insurance card validate coverage for each visit. If you do not have your card with you, you accept financial responsibility for all services provided to in the event that you are not covered for these services. Some insurance policies require a written referral from a primary care provider for specialist services to be covered. If you do not have that referral, you accept financial responsibility for the services provided to you that are not paid for by your insurer.

### Authorization for Release of Information

You authorize Creighton Center for Health and Counseling to release all medical information (including, but not limited to, psychiatric conditions, sickle cell anemia, alcohol/drug abuse, HIV, or communicable diseases) requested by your health insurance carrier, including Medicare and Medicaid. You authorize contact with your insurance company or health plan administrator to obtain all pertinent financial information concerning coverage and payments under your policy and direct said insurance company or health plan administrator to release such information to Creighton Center for Health and Counseling. You authorize release of all medical information to your referring provider and your primary care provider.

## Counseling and Health Consultation

Student Health Services and Student Counseling Services are integrated entities within the Creighton Center for Health and Counseling, working jointly to coordinate care. You give permission to the service providers in Student Health Services and Student Counseling Services to exchange information about your current or past treatment to coordinate care.

- I AGREE to the exchange of information.
- I DECLINE the exchange of information.

**I (or the parent, legal guardian, or authorized representative of the patient) hereby certify that I have read and understand the above statements and accept their terms. I voluntarily consent the Creighton Center for Health and Counseling to provide reasonable and necessary outpatient medical and mental health care to me. That care may include testing for the human immunodeficiency virus (HIV). I agree that these provisions will remain in effect for 12 months after it is signed unless I provide written revocation to Creighton Center for Health and Counseling.**

---

Student Signature

---

Parent/Guardian/Authorized Representative Signature  
(Required if student under age 19)

---

Today's Date

---

Student NET ID