HEALTH SERVICES PERMISSION TO TREAT

I grant permission to the medical providers(s) in Health Services at California State University, Fullerton, to provide treatment for the following: illness and/or injuries, to conduct all examinations and laboratory/x-ray testing, minor surgical procedures as deemed advisable and are rendered under customary medical care, anesthetics, vaccinations and immunizations against diseases which may be now or during the course of the patient’s care as an outpatient be deemed medically advisable or necessary, and to make necessary referrals to outside physicians and other indicated community facilities. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care, but is given to provide authority and power for the aforementioned medical provider(s) to render care, which, in their best judgment, may be deemed advisable.

State law requires health-care providers to report certain diseases and conditions of public health importance to the local health department. These are listed in the Privacy Practices Notice.

Advanced Directives:
Health Care Advance Directives are your instructions for the health care you would like in the event you are not able to make decisions due to a severe illness or injury. In the document, you designate a person to make decisions on your behalf. You can also describe the kind of and extent of care you want. We encourage you to discuss Directives with your health care provider and your family. For more information:

- http://oag.ca.gov/consumers/general/adv_hc_dir

Access to Medical Services:
I am aware that Health Services is not open nights, weekends, or campus holidays and closures. I know that I must obtain medical care off campus and at my own expense for services that are outside the scope or hours of Health services operation, as well as when I am no longer a CSUF student or am otherwise not eligible to receive services.
Acknowledgements:
I acknowledge receipt of and agreement with the Student Health Center’s Consent for Treatment. I understand and accept that I must cancel in advance any health center appointment I do not intend to keep. I understand that I must pay a late cancellation fee of $20 if I fail to cancel my appointment at least 4 hours in advance for appointments. I understand that I am responsible for checking my email, secure health portal messages, voicemails, and/or text messages.

Confidentiality:
Health Services maintains confidentiality in accordance with the ethical guidelines and legal requirements of their profession. In the interest of providing effective and efficient treatment, Health Services providers, CAPS providers, Disability Support Services staff and other health providers, may share records and communicate about your treatment to provide optimal care. Administrators, medical records and support staff have access to records on a strict need to know basis in order to perform job responsibilities. Health information is documented in a shared electronic medical record to facilitate integrated and coordinated care.

I acknowledge receipt of Student Wellness at CSU Fullerton Privacy Notice and agree to the consent for treatment. **

Signature Required (Please type full name): ____________________________

Parent/Guardian Signature (If required): ____________________________