Wheaton College

Student Health Services

Patient Registration Packet

Welcome to Wheaton College Student Health Services. The following materials relate to our commitment to confidentiality:

- Notice of Privacy Practices
- Patient Financial Responsibility Form
- Authorization of Release of Information, including Protected Information

Please read carefully and sign each document if you understand the policy. If you have questions, please ask a Student Health Services staff member.

Wheaton College
Student Health Services

Notice of Privacy Practices

SHS Office Use Only:
Name:_____

ID #_____

Welcome to Wheaton College Student Health Services (SHS). This *Notice of Privacy Practices* describes how SHS may use your PHI (Personal Health Information) within our medical practice and disclose your PHI in order to carry out medical treatment, payment or health care operations. PHI consists of your name, date of birth, address, past and present health information. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI. SHS is required by federal and state law to maintain the privacy of your PHI. SHS must comply with the federal Family Educational Rights Privacy Act (FERPA) and State privacy laws. Note: SHS is not a Covered Entity under the Health Insurance Portability and Accountability Act (HIPAA). Your rights and responsibilities are also described in this document. ***We ask that you read this form carefully and ask us any questions you may have about the form or the services SHS provides.*** You will be asked to sign at the end of this section noting that you have read and understand these practices as well as provided consent.

Use and Disclosures of Personal Health Information

Your PHI, by law, may be used and disclosed by physicians, nurse practitioners, registered nurses, behavioral health specialists, and administrative staff who are employed or contracted by SHS without your prior consent upon signing this section for the following purposes:

- To share your PHI with other community healthcare providers who are directly involved in your care, such as a referral to a specialist
- To be reviewed for quality assurance and internal quality initiatives to improve healthcare practices
- To obtain payment for services
- To bill or collect payment for services
- To share information with your health plan to determine if the service is eligible for payment
- To Wheaton College Athletic Department if you are an active intercollegiate athlete
- To Student Accounts to bill for services obtained at Student Health Services. (Only charge amounts are provided, not explanation of the services given)
- To insurance companies, in order to obtain pre-authorization approval for a test or a type of x-ray, for example
- Debt referral to collection agencies

Health Information Exchange: Care Everywhere

SHS currently uses a community electronic health record (EHR) system, which is utilized by providers and healthcare systems, such as Edward-Elmhurst Health, Northwestern Medicine, and Duly Health and Care to name a few. The software program, *EPIC*, provides continuity of medical information to outside providers. Your PHI will be disclosed to these providers only when they access EPIC for your direct medical care. At your initial visit to SHS, you may be asked to sign a "Care Everywhere" consent so that your health information can be viewed by SHS healthcare providers for services received outside of the Northwestern Medicine Health System. This "Care Everywhere" system is called a Health Information Exchange (HIE). If you choose not to participate in the HIE, please request a SHS Opt-Out Request Form.

SHS may use and disclosure your PHI without your permission in the following situations:

1. **Public Health needs:** Within the Dupage County there are certain diseases that must be reported to the public health department to prevent and control disease. We may also notify individuals who may have been exposed to a contagious disease in the effort to decrease the spread.
2. **Legal and law enforcement purposes:** SHS is required by law to report abuse in minor aged students (<18 years). SHS must also comply with legal proceedings which relate to subpoenas or other investigations. Students who desire to press charges for sexual assault, will be required by law to release certain medical records for review. Please note, SHS is deemed a non-mandatory reporter except in the case of a known perpetual perpetrator.
3. **Minor students:** students under the age of 18 may be required to release certain medical records to their parent/guardian, though this does not include psychotherapy notes.
4. **Coroner's Office**: SHS may disclose PHI to any medical examiner to assist with the identification of cause of death duties.
5. **Worker's compensation:** SHS may disclose information needed to process a worker's compensation claim, under applicable law.
6. **Harm of self or other:** By FERPA and State mental health laws, health information may be disclosed to non-healthcare professionals, most often law enforcement, if there is deemed a significant need in which you may harm yourself or others, including the greater community.
7. **College operations**: SHS may disclose your PHI as reasonably necessary for College operations.

Disclosure requiring your written authorization:

- To life insurance agencies.
- To Wheaton College Registrar, to release basic health information to complete necessary paperwork for incomplete academic status.
- "Protected information" as deemed by the State of Illinois such as: HIV/AID status, genetic issues, mental health and substance use, using a specific release form that is signed before a witness.
- Coordination of Care: with academic or student support services.

Other uses or disclosures of your health information:

1. **Business Associates:** some services (ie. laboratory) are provided through the use of contracted entities. These business associates are provided only the necessary information needed to complete the service. SHS requires all business associates to show proof of how they safeguard your PHI and also notify SHS in case of a breach of privacy or security.
2. **Appointment reminders:** SHS may contact you before your appointment via phone or email. We will only leave a message, limited to the appointment date and time, on your phone if a voice mail box is set up specifically with your name.
3. **Follow up:** Part of providing excellent care is following up with students in how they are currently feeling or future care that they may need, which may be provided via email or phone.

Your privacy rights:

- You have the right to review or obtain a copy of your PHI. You must provide a written request to the Director of SHS, explaining what records you need to review. There are some exceptions to records which may be copied and the request may be denied. SHS has the right to charge for any records requested.
- You have the right to adjust your release of information or revoke the release to certain individuals. This must be in writing and will apply only to items not yet disclosed.
- You have the right to restrict disclosure to certain individuals for certain types of treatment. However, SHS does not need to comply with these requests if they impede the healthcare of another individual or community.
- You have the right to pay for your services in cash and restrict information from being released regarding this specific care paid for in this manner, unless required by law.

- You have the right to request an amendment to your PHI. You will need to write the specific details that need to be amended as well as the rationale for the amendment. SHS may deny this request at which time you will have the opportunity to disagree.
- You have the right to a list of individuals, departments, and organizations who have received your PHI. SHS requires 30 days to comply with this request and will charge a reasonable fee for the final product. You may only request information generated within SHS.
- You have the right to receive a notice of breach of your PHI.
- You have the right to complete a formal complaint to the Director of SHS if you have any concerns about these privacy practices or if you feel that your information has been breached.

Contact information:

Student.Health.Services@wheaton.edu
Beth Walsh, Director Student Health Services
630-752-5072

Effective date of this notice: _____

Your responsibilities:

You are responsible to provide privacy and courtesy to others by not recording any conversations and taking pictures without a written consent.

Agreement:

Your consent, agreement, and understanding to these terms is indicated by your signature

_____ _____

Signature (patient/Guardian) ***Date***

_____ _____

Printed Name ***Student ID #***

*This form will be in effect for the entire time that you are an active student, unless significantly altered or revoked.

Wheaton College Student Health Services
PATIENT FINANCIAL RESPONSIBILITY

Thank you for choosing Student Health Services (SHS) as your health care provider. We are committed to providing you affordable and quality care. We ask that you read and sign this form to acknowledge your understanding of our financial policies.

All active students are eligible to utilize the services at Student Health Services regardless of their health insurance plan. Nurse, physician, and nurse practitioner visits are included in the Health and Wellness fee billed each semester. There are additional charges for services such as lab tests, allergy injections, vaccinations, wound care, medications, and minor medical procedures. All charges will be submitted to your student account. You will be provided an Explanation of Charges Statement to your CPO or home address after your visit, which you can submit to your insurance company for possible reimbursement.

Your Financial Responsibilities

1. You, the patient (or patient's guardian, if a minor) are ultimately responsible for the payment for services that you receive at SHS.

2. If you desire to pay for your visit in cash, you must indicate this at the time of service. If you pay for services at the time of service, your visit will not be reflected on your student account. If there is an outstanding balance, it will be billed to your student account within 2 weeks of the service date, unless a different payment schedule has been arranged.

3. It is your responsibility to verify your insurance coverage and precertification with your health insurance company prior to the completion of services with a community health care provider or diagnostic center.

4. You will be responsible for the payment of additional charges, such as (but are not limited to):
   - Charge for returned check
   - Charge for the copying and distribution of your medical records.
   - Charges for automatic positive reflex laboratory testing which are billed at the end of the month.

5. You are aware that SHS utilizes other businesses to complete certain services such as the laboratory services provided by Quest Laboratories. As a courtesy, SHS is able to bill the patient's insurance for Quest laboratory tests. You must provide accurate and up to date insurance information prior to testing to SHS if you desire direct insurance billing. The pricing for direct billing is between your insurance company and Quest laboratories. The labs are not affiliates with SHS and there may be an additional charge if your insurance coverage does not include this laboratory in their network. Please check with your insurance company. Any questions about billing from laboratories are to be resolved by contacting the lab company directly. You will be responsible for any fees not covered by your insurance.

Agreement

By my signature below, I acknowledge I have read and understand my financial responsibilities.
I understand that I am financially responsible for any changes transferred to my student account and/or not covered by my insurance company. **My signature verifies my understanding:**

_____ _____

Signature (student/guardian) ***Date***

_____ _____

Print Name ***Student ID #***

Wheaton College Student Health Services
Authorization for Release of Information

I,_____, **DOB:**_____, **ID#:**_____hereby authorize SHS to disclose general health and optional protected health information to the persons listed below as specified.

Please indicate family members and other persons to whom SHS can share personal health information as described below. Check **only** the information you wish to share:

Name_____ Phone_____ Relationship_____	General Health Information: □ Financial □ Medical □ Appointment reminder □ Prescriptions	Protected Information: □ Genetic □ HIV/AIDS □ Mental Health □ Substance Use/Abuse
Name_____ Phone_____ Relationship_____	General Health Information: □ Financial □ Medical □ Appointment reminder □ Prescriptions	Protected Information: □ Genetic □ HIV/AIDS □ Mental Health □ Substance Use/Abuse

SHS is not responsible for any redisclosure of PHI following disclosure under this authorization.

This authorization expires one year from the date of signature unless revoked earlier.

I understand I have the right to revoke this authorization at this time and that my treatment will not be adversely affected by not signing or by revoking this authorization.

Signature for General Health Information (only):

_____ _____

Student Signature ***Date***

Signature for Protected Health Information (required if checked above):

_____ _____

Student/Guardian Signature ***Date of Birth*** ***ID#***

_____ _____

Witness's Printed Name (REQUIRED) ***Signature of Witness***

_____

Date