

Authorization to Bill

I understand that I am responsible for charges incurred at Campus Health for all services.

I authorize Campus Health to release any information required to process insurance claims. I authorize payment of medical benefits directly to Campus Health.

I understand that if I do NOT want my Campus Health visit billed to my insurance, I must contact Medical Services at 520-621-9202 or Counseling and Psych Services (CAPS) at 520-621-3334 ahead of my appointment to inform.

While health insurance is never required, Campus Health accepts most major commercial health insurance plans, including **Aetna, Blue Cross Blue Shield, Cigna, and United Healthcare**. To bill insurance a copy of my insurance card is required. The front and back of the insurance card can be uploaded and details can be entered manually through the *Insurance Card* option in the PatientLink menu.

Important: Campus Health is **NOT** contracted with any state plans such as AHCCCS plans and Medicare. If I am not from Arizona, my plan may be outside of the Arizona Provider Network, or if I have an HMO plan, I am advised to check with my plan to verify out of area/network benefits.

NOTE: Not all commercial health insurance plans cover mental health services.

Campus Health does NOT bill any other third party insurance.

If I have other insurance and would like to request reimbursement from them, I can print out an itemized statement by visit date under **View/Pay Bill** in the PatientLink menu. It may take 3-5 business days after my appointment for the statement to be available.

I understand:

- **If my provider does not accept my insurance or if I do not have insurance, I will be charged at the student discounted rate (does not apply to employees).**
- **I will be asked to verify my insurance and upload my insurance card yearly and will provide Campus Health updated insurance information if my plan/policy changes throughout the year.**
- **Insurance is verified by Campus Health staff for eligibility and benefits, but I understand I am responsible to confirm with my insurance company which services are covered.**
- **There is no guarantee that my insurance company will pay for services.**
- **There may be copays or deductibles that need to be met prior to any reimbursement from my insurance plan.**
- **I am personally and fully responsible for charges denied by my insurance company.**
- **Campus Health uses a 3rd party laboratory service (Sonora Quest) for certain lab services and that I may receive an additional bill from Sonora Quest.**
- **I acknowledge that all appointments not kept or not cancelled by 4:00 pm the day before the scheduled appointment will be charged a no-show / late cancellation fee.**

Fees incurred may be billed to my bursar's account or paid at Campus Health on the day of my appointment. As with other bursar's charges, my student standing may be affected by non-payment of fees. Charges can only be transferred to my bursar account if I am currently enrolled or enrolled in a future academic term.

If I have not paid the "Health & Recreation Fee" as part of the Student Engagement Fee

(<https://bursar.arizona.edu/tuition/mandatory-fees>) that covers the day I receive services, an additional daily user fee will be charged for that day.

The No Surprises Act, which took effect on January 1, 2022, includes a requirement that health care providers and facilities give patients a 'good faith estimate' of expected charges for medical items and services. The Campus Health Fee Schedule for the current school year for a good faith estimate of expected charges is located here: <https://health.arizona.edu/fees-insurance-overview>

For counseling services the fee schedule is available at: <https://caps.arizona.edu/fees-insurance>

For more information on the No Surprises Act or If I have questions about my rights, I may:

- Call Campus Health at 520-621-6487
- Visit this website for more information about my rights under federal law: www.cms.gov/nosurprises/consumers; or
- Visit this website for more information about my rights under Arizona law: <https://difi.az.gov/arizonas-surprise-out-network-billing-dispute-resolution-soonbdr-program>

****** I have read and understand the above content of this form, I have had my questions answered to my satisfaction, and this indicates my authorization to bill.

☐ Yes ☐ No

Consent For Treatment and Information Summary

IF I AM UNDER THE AGE OF 18, I MUST HAVE A PARENT OR LEGAL GUARDIAN COMPLETE A CONSENT TO TREAT A MINOR. The form can be obtained by calling Campus Health at 520-621-9202 or downloaded online at <https://health.arizona.edu/medical-records>.

This Consent for Treatment form: 1) offers me information regarding Campus Health services; and 2) gives my written consent to provide such services. If I have any questions about this consent, I will let my provider know before acknowledging this form and providing my consent for treatment.

PURPOSE: Campus Health's mission is to offer high-quality mental and medical health services to currently enrolled University of Arizona students, faculty, and staff.

GENERAL CONSENT FOR TREATMENT: By agreeing below, I, or my legally authorized representative acting on my behalf, authorize the University of Arizona Campus Health and its workforce members to conduct any diagnostic examinations, tests, and procedures and to provide any medications, treatment, or therapy necessary to effectively assess and maintain my health, and to assess, diagnose, and treat my illness or injuries. I understand that it is the responsibility of my individual treating healthcare providers to explain to me the reasons for any particular diagnostic examination, test, or procedure, the available treatment options and the common risks and benefits associated with these options as well as alternative courses of treatment.

RIGHT TO REFUSE TREATMENT: In giving my general consent for treatment, I understand that I retain the right to refuse any particular examination, test, procedure, treatment, therapy, or medication recommended or deemed medically necessary by my individual treating health care providers. I also understand that the practice of medicine is not an exact science and that no guarantees have been made to me as to the results of my evaluation and/or treatment.

CONFIDENTIALITY AND RECORDS: A full description of Campus Health privacy practices is available at <https://health.arizona.edu/notice-privacy-practices-protected-health-information>. Campus Health records regarding my medical and mental health treatment and services are stored on a secure system, entirely separate from my academic records. My Campus Health records are available to designated Campus Health workforce members, including Campus Health mental health providers, medical providers, dietitians, and nursing supervisors. I have the right to access information in my health record. My records are available to me via the PatientLink portal (<https://health.arizona.edu/patientlink>), and my visit records should appear after completion by my provider. My providers may choose to withhold some records if they believe that the release of these records would result in me or

others experiencing harm. My provider will notify me should records be withheld. Requests for Counseling and Psych Services (CAPS) records that predate April 5th, 2021, must be submitted in writing to our Medical Records office. Information on record requests is available at <https://health.arizona.edu/medical-records>.

MENTAL HEALTH CARE INFORMATION:

Description and outcome: Campus Health is primarily a brief treatment unit and will assist in securing community resources when they believe I could benefit from more extensive or a different type of treatment than they offer. Treatment may include discussion of emotional issues, lifestyle issues, behavioral patterns, and family and/or relationship dynamics. Methods may include the use of educational materials, expressive methods, and stress management techniques, and may involve referral to other types of treatment, as indicated. Benefits of treatment may include reduction of symptoms, improved quality of life, emotional well-being, and improved academic performance. This process requires effort on my part, may require me to face difficult issues to effect changes, and may involve emotional risk or discomfort. There is no guaranteed outcome. Psychiatric medication may be recommended and, if I agree, prescribed. I have the right to discuss any medication concerns or questions with my provider and may withdraw voluntary consent for medication at any time

In most cases, on my first visit, a CAPS provider will meet with me individually to assess my needs, provide therapeutic support, and work collaboratively with me to develop a Care Plan. I will be informed about mental health services provided at CAPS including Self-Help resources, Workshops, Groups, Psychiatry, Specialty Services, and Peer Support services. In some cases I may be referred to other appropriate University of Arizona resources, or assisted in securing community resources. Appointments with Campus Health psychiatry staff are by Campus Health referral only. In the event of an emergency or unavailability of my assigned provider, I may be offered an appointment with another member of the treatment team.

Treatment planning: I have the right to participate in treatment decisions and planning. I can terminate this treatment relationship at any time and can accept or decline any recommended treatment. I may withdraw this consent for treatment at any time and will then be advised of the ramifications of such withdrawal from services. A CAPS provider may terminate the professional relationship when deemed therapeutically necessary. If that occurs, I will be given other treatment options, as appropriate.

Notice of Privacy Practices for Protected Health Information: Campus Health is committed to protecting the privacy of health information it creates or receives about me. They understand that my health information is personal, and that protecting that information is important. They are required by law to:

- Make sure that my health information is kept private (with certain exceptions)
- Give me this Notice of their legal duties and their privacy practices with respect to health information about me, and
- Follow the terms of the Campus Health Notice of Privacy Practices currently in effect:

<https://health.arizona.edu/notice-privacy-practices-protected-health-information>



****** I acknowledge that I had an opportunity to review the Campus Health Notice of Privacy Practices noted above and understand how to review those in the future, and I consent to the use or disclosure of my health information as set forth in the Campus Health Notice of Privacy Practices.

****** I am providing consent for treatment and acknowledgement of the information in this summary. I understand that if I am a minor, then Campus Health must obtain written permission from my legally authorized parent/guardian before I receive treatment.



Yes



No

Patient Name (printed): _____

Patient DOB: _____

Patient Chart #: _____

Patient Signature: _____