



# Student Health Services

## Consent for Care

### For Students Under Age 18

STUDENT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

#### **INSURANCE NOTIFICATION:**

I acknowledge that all students are required to have insurance coverage while attending OWU. Student Health Center does submit charges to insurance companies. For students who purchase the Student Health Insurance Plan, charges are submitted to the company for payment according to the benefit plan. The Student Health Staff are not affiliated with the Student Health Insurance Co.; and therefore cannot guarantee payment.

Initials: \_\_\_\_\_

#### **NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS**

I acknowledge that as outlined by HIPAA law in the state of Ohio, health information is used and shared in order to provide appropriate treatment, payment arrangements, and to conduct our health services operations. I acknowledge that I can access a copy of the OWU Student Health Services Privacy Practices Policy thru our website <http://health.owu.edu> or at the Health Center. I have a basic understanding of my patient rights.

Initials: \_\_\_\_\_

#### **CONSENT TO MEDICAL TREATMENT AND SURGICAL SERVICES:**

I consent to and authorize OWU Student Health Service and its staff members to provide and administer medical treatment and surgical services. I further consent to OWU Health Services staff to refer or defer treatment to another physician and or a hospital as deemed necessary or advisable.

I understand that once my child reaches 18 years old, the age of consent in Ohio, my consent for treatment is no longer required and he/she will assume control of medical decision making.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
mm/dd/yyyy

\_\_\_\_\_  
Printed Name of Parent/Guardian

Only required for students who are under the age of 18 upon their arrival at OWU

Please complete form and mail or fax to:

Ohio Wesleyan University  
Student Health Center  
Stuyvesant Hall  
Delaware, OH 43015  
Fax (740) 368-3166