### **Purpose:**

In most states, age 18 is the age of majority and thus, before treating a patient under the age of 18, consent must be obtained from the patient's parent or legal guardian. Prior to receiving services at UW-Madison's University Health Services (UHS), minor students must submit consent signed by themself and their parent or legal guardian.

#### Process:

- 1. Login to your <u>MyUHS</u> account.
  - a. Click the UW-Madison NetID button.

Login to UW–Madison University Health Services
Login with your UW-Madison NetlD. Email us at UHS@uhs.wisc.edu if you are unable to log in.
Fall 2022 Enrollees Undergraduate students will get access to MyUHS the week of May 15. Advanced degree program students will get access to MyUHS in June.
UW-Madison NetID
MyUHS username

b. Enter your NetID and Password to proceed with login.

Login	
NetID	Forgot NetI
Ex: bbadger	
Password	Forgot passwor

c. Click the Log In button once your NetID and Password have been entered.

Login	
NetID	Forgot Net
Password	Forgot passwo

- d. You will be required to Duo authenticate (multi-factor authentication) prior to logging into the system.
  - i. Choose between the two options to authenticate:
    - 1) Send Me a Push
    - 2) Enter a Passcode

*Note: Click the "Remember me for 12 hours" checkbox to skip the authentication if you plan on accessing the system multiple times during the day* 

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$\overline{\mathbf{w}}$	Device: ios (XXX-XXX-7164)	~
W ICON ICON	Choose an authentication method	
WISCONSIN-MADISON UNIVERSITY OF WISCONSIN-MADISON What is this?	Duo Push RECOMMENDED	Send Me a Push
Need help?	Passcode 2	Enter a Passcode
**	Remember me for 12 hours	

- e. Once you pass Duo authentication, you will be directed to the MyUHS Homepage.
- 2. On the left side menu, navigate to and click **Downloadable Forms**.

	Home
-	Profile
	Letters 3 United
	Downloadable Forms
ľ	Forms
	Surveys

3. Navigate to the "UHS Information and Consent Form" section and click the Download button.



4. The PDF version of the UHS Information and Consent Form will display at the top or bottom of your internet browser. Click the PDF document to open it.



5. Complete the UHS Information and Consent Form

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- a. Complete the fillable portions at the top of the consent form:
  - i. MR# (Note: Your UHS MR# is your Student ID / Wiscard ID)
  - ii. Name

b.

iii. Birthdate

UNIVERSITY HEALTH SERVICES UNIVERSITY OF WISCONSIN-MADISON 333 East Campus Mail Madison, WI 53715-1381 http://www.uhs.wisc.edu	MR#: Name: Birthdate: Note: Your UHS MR# is your Student ID / Wiscard ID
University Health Services (UH Consent for Treatment and/or Services I voluntarily consent to receive medical care and services radiology and laboratory procedures, and medication add omplete the fillable portions at th	ninistration by my healthcare provider, their assistants or
Patient Name (Print) Patient Signature	Signature Date
Legal Guardian Name (Print) Legal Guardian Signature Legal Authority:	Signature Date

YOU WILL BE PROVIDED WITH A SIGNED COPY OF THIS FORM UPON REQUEST

Important: You and your legal guardian are required to physically sign the UHS Information and Consent Form. If one or both of the signatures is missing, your consent will be rejected and you will be unable to schedule services at UHS.

- 6. Upload your completed (signed) UHS Information and Consent Form.
  - a. Click the **Upload** button in the "UHS Information and Consent Form" section.

Downloadable Forms for Hari Spyder	
Don't Forget! Remember to click the <b>Save</b> button at the bottom of the page after uploading all your documents.	
UHS Information and Consent Form	
Intended for students under the age of 18. Please download and print the consent and upload the completed consent with your signature and your parent's or legal guardian's sig	gnature.
Download Upload Upload	
Status: Upload Required	

b. Select your completed (signed) UHS Information and Consent Form from your device.



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c. Confirm that all the necessary fields and signatures have been completed and click the Looks Good button:

Verify Upload	
Does this image look correct? If it looks wrong for any reason, click	Cancel Upload and upload a new image.
= 4270eb86-81d5-488a-af09-b1cffb7b5c5e     1 / 3   − 125%	;+∣:\$ ± ➡ : 
UNIVERSITY HEALTH SERVICES UNIVERSITY OF WISCONSIN-MADISON 333 East Campus Mall Madison, WI 53715-1381 http://www.uhs.wisc.edu	MR#: 1234567890 Name: Hari Spyder Birthdate: 10/10/81 Note: Your UHS MR# is your Student ID / Wiscard ID
Verify Upload	
Does this image look correct? If it looks wrong for any reason, click (            2 4270eb86-8145-488a-ef09-b1cffb7b5c5          2 / 3   - 1206             • I consent to treatment and/or services at UHS.             Hari Spyder          Patient Name (Print)             Harry Spyder          Patienf Signature          Legal Guardian Name (Print)          Legal Guardian Signature          Legal Authority:            Legal Guardian         Other:         YOU WILL BE PROVIDED WITH A SIGNED COPY OF THIS	+ C Signature Date
Cancel Upload	Looks Good

7. You will see a thumbnail under the **Upload** button after you have successfully uploaded your UHS Information and Consent Form.

Note: Keep an eye on the "Don't Forget!" message at the top of your screen.

Downloadable Forms for Hari Spyder
Don't Forget Remember to click the Save button at the bottom of the page after uploading all your documents.
UHS Information and Consent Form
Intended for students under the age of 18. Please download and print the consent and upload the completed consent with your signature and your parent's or legal guardian's signature. Download Preview Download Confirmation that UHS Consent Intermediation that UHS Consent Download
Status: Upload Required

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8. Scroll down to and click the **Save** button to complete your submission of the UHS Information and Consent Form.



- 9. Congratulations! Your UHS Information and Consent Form has been submitted to the UHS Health Information Management (HIM) team for review.
  - a. You will notice four (4) changes to the screen that will indicate successful submission (shown below).

Downloadable Forms for Hari S	pyder
Don't Forget!	
Remember to click the <b>Save</b> button at the bottom of the page after uploading	all your documents.
1	
UHS Information and Consent Form In Review	
Intended for students under the age of 18.	
Please download and print the consent and upload the completed consent with	your signature and your parent's or legal guardian's signature.
Download Preview Download	2 Upload Received 6/30/2022 12:30 PM Show Uploaded Document
3 Status: In Review	
Additional Uploads	

*Note: Please contact the HIM Team with any questions or concerns regarding the review process. Contact information below:* 

- Phone: (608) 262-1676
- Email: <u>him@uhs.wisc.edu</u>
- 10. Once reviewed and approved by the HIM Team, you will see the status change from "In Review" to "Upload Verified".

UHS Information and Consent Form <b>Upload Verified</b>
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11. You are now ready to receive services at UHS and schedule appointments through MyUHS.

Important: If you plan to receive Mental Health Services or Psychiatry Services, you will need to follow the same process to complete the "Mental Health and Substance Abuse informed Participation Agreement (IPA)" and the "Psychiatric Informed Participation Agreement (IPA)".

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