



UHS | University
Health Services
UNIVERSITY OF WISCONSIN-MADISON

Name: _____

DOB: _____

MRN: _____

Note: Your MRN is your Student ID / Wiscard ID

Information and Consent Form

Consent for Treatment and/or Services

I voluntarily consent to receive medical care and services from UHS. This may include examination, diagnostic, radiology and laboratory procedures, and medication administration by my healthcare provider, their assistants or their consignees as may be necessary in their judgment. No guarantees have been made to me as to the result of treatments or examination at UHS. In addition to this consent form, an informed participation agreement form is required for mental health and psychiatric treatment.

Patient Rights and Responsibilities

As a patient at UHS, I understand that I have certain rights and responsibilities. A copy of the [UHS patient rights](#) is available from any UHS staff member or at www.uhs.wisc.edu.

Confidentiality

UHS takes its commitment to the confidentiality of patient information seriously. In general, information contained within patient records cannot be disclosed without consent. However, there are certain exceptions which allow patient information to be shared without the consent of the patient. These exceptions are explained in the [UHS Notice of Privacy Practices](#) available at www.uhs.wisc.edu. I understand that a copy of the Notice of Privacy Practices is also available to me at the point of service.

UHS partners with third parties to assist with business operations including, but not limited to, laboratory and radiology services. As a result of these partnerships, your information may integrate with your health records at third-party healthcare entities (for example, your lab and radiology results that were ordered by your UHS provider may become part of your electronic health record at UW Hospitals and Clinics).

I understand that if I report or if UHS staff witnesses suspected misconduct occurring onsite at UHS, my personally identifiable information may be disclosed to UHS leadership, the UW-Madison Sexual Misconduct Resource and Response Program, and the UW-Madison Clery program, and UHS will notify me following any disclosure.

Communications

It is UHS' practice to communicate with patients through their [MyUHS](#) account about health matters. Patients have the right to request that UHS communicate in a different way, and UHS will agree to reasonable requests. To protect confidentiality, UHS does not communicate with patients via e-mail except for appointment reminders. Electronic communications should be sent through [MyUHS](#).

Payment Information for Students (Applicable to Students Only)

Many services provided to students at UHS are pre-paid by the Student Health Fee, but I understand that I am ultimately responsible for the payment of fees and charges for all services.

Payment for services is due within 30 days of service. I understand that if my UHS bill is not paid within 60 days, a hold will be placed on my student account and this hold will prevent future class enrollment. After 90 days any unpaid bill will be forwarded to a collection agency.

I understand that I will be informed if a health care provider recommends a service or medical item from UHS that is not covered by the Student Health Fee. Payment for this service is my responsibility as the patient.

I will receive a Statement of Service from UHS which I may submit to my insurance company. Except for the [Student Health Insurance Plan \(SHIP\)](#), **UHS will not bill insurance, verify insurance coverage, or accept assignment of insurance benefits.** If I intend to seek payment or reimbursement from my insurance, I understand it is my responsibility to verify the terms of my coverage by contacting my insurance provider before services are received. UHS is out-of-network for all health insurance plans except the Student Health Insurance Plan (SHIP).

Telehealth Services at UHS

Telehealth refers to any care between you and a UHS provider that occurs via electronic means such as audio or video conferencing. Telehealth services may be provided using a variety of technologies to allow remote connections between providers and patients.

Telehealth services may not be appropriate for some patients or in some circumstances. The appropriateness of telehealth services is at the sole discretion of the provider. If telehealth services are not appropriate for you, your provider will recommend a clinic appointment or referral to the appropriate service(s).

I understand and agree to the following:

- Telehealth appointments have potential benefits and risks, including the benefits and risks inherent in any audio/video-conferencing communication.
- Telehealth appointments may lack the visual or auditory cues typically present during an in-person appointment, which can increase the likelihood of misunderstandings. If you feel there has been a misunderstanding, you will let the provider know.
- Telehealth appointments may have disruptions or delays in the service and quality of the technology used.
- Patients will participate in telehealth appointments from a private, nonpublic, safe location where they will not be overheard or interrupted and will not be operating a motor vehicle.
- Patients will participate in telehealth appointment using a device on a secure, nonpublic network. University supported Wi-Fi that requires a UW Madison NetID and password to access is a secure, nonpublic network.
- Telehealth appointments will not be recorded except for Mental Health Services (MHS) which may record the session for training purposes and only with patient consent.
- For the purposes of providing care, medical providers may take, and store pictures related to your medical condition.
- Patients will be in the State of Wisconsin at the time of the telehealth appointment. If you will not be in Wisconsin at the time of the appointment, you must inform the provider before the appointment occurs.

Backup Plan in Case of Technology Failure

You agree to provide a backup plan to be used in case of technology failure during your telehealth appointment, including a call back number provided at the time of scheduling. If you get disconnected from a computer-based telehealth session, end and restart the session. If you are unable to reconnect within five minutes, your provider will call you at the phone number you provided at the time of

scheduling. If the technology failure continues, your provider will reach out via Secure Message through [MyUHS](#) to coordinate care.

Emergency Follow Up

In the case of an emergency during an appointment, you must inform your provider of where you are at the time of the appointment and if this location changes during the appointment. In addition, we recommend you identify a person who can be contacted if your provider believes your safety is at risk. In an emergency call 911 immediately. For urgent, but non-emergency needs including a mental health crisis, call the UHS Crisis Line 608-265-5600 x9, Suicide Hotline 1-800-273-8255, Crisis Text Line at 741741, or go to your nearest emergency room as appropriate.

I understand Telehealth services are optional and that other appointment types may be available.

Consent and Agreement

By signing this form or clicking the "I accept" box, I certify that:

- I have read this form, or it has been read to me, and I am satisfied that I understand its contents.
- My questions have been answered to my satisfaction.
- I acknowledge that I have read the [UHS Notice of Privacy Practices](#).
- If I am a student, I understand that UHS may use and disclose my medical information to carry out treatment, billing, and healthcare operations.
- I will communicate with my UHS provider through [MyUHS](#).
- I consent to treatment and/or services at UHS.

Patient Name (Print)

Patient Signature

Signature Date

Legal Guardian Name (Print)

Legal Guardian Signature (electronic signature not accepted)

Signature Date

Legal Authority: ☐ Legal Guardian ☐ Parent of Minor
☐ Other: _____

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