Belmont University Health Services
INFORMED CONSENT FOR TREATMENT & NOTICE OF PRIVACY PRACTICES
BELMONT FACULTY & STAFF

Services
Belmont University Health Services provides non-emergent, outpatient medical care for all currently enrolled students, staff, and faculty. Our Health Services clinic is staffed by board-certified nurse practitioners that are experienced in treating various medical problems. Services include but are not limited to visits for acute illnesses/injuries, physical exams, screenings, immunizations, lab services, travel consultations, and allergy shots.

Referrals
Health Services provides a wide array of medical services for the Belmont community, but we are not able to meet every need. Based on Health Services resources as well as your individual treatment goals and needs, you may be referred to community providers for continuing care and treatment.

Costs
All office visits to Health Services are free to Belmont students and employees. Some lab tests, medications and procedures offered during a visit are provided for a nominal charge. Health Services neither accepts insurance nor submits claims to insurance carriers for these charges. You are responsible for completing these charges at time of service. You should be prepared to provide your health insurance card when obtaining health-related services off-campus. It is important to verify that your insurance provider covers health-related services in the Nashville area.

Appointments
Since demand for services is typically high, we ask that you only schedule appointments that you are confident you will keep. If you need to cancel or reschedule, please call (615) 460-5506 with as much advance notice as possible so that we may make the time slot available to another patient. Appointments can also be scheduled and canceled online through the Health Portal available on your myBelmont website. Please arrive 15 minutes early for your appointment. If you are more than 6 minutes late to an appointment, you will be asked to reschedule. If staff cannot keep an appointment with you, the reception staff will contact you to reschedule.

Treatment Rights
When seeking care from Health Services, you are entitled to receive information about the methods and duration of treatment, techniques used, fee structure, and associated risks, if known. Treatment is an active and cooperative effort involving both you and your care providers. If you should have any concerns about your progress or the results of your treatment, we encourage you to discuss them with us at any time. You can request a transfer to another provider or terminate treatment at any time.

Telephone and Electronic Communication
The content of phone calls, voice mail messages, text message, and e-mail/secure messaging will be incorporated into your electronic health record (EHR). Health Services will communicate with you via the secure messaging feature of our EHR system instead of email, with the exception of automated email appointment reminders.

PRIVACY PRACTICES
This notice describes how personal and health information about you may be used and disclosed and how you can get access to this information. It is your responsibility to review it carefully.

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential.
You have the following rights with respect to your protected health information (PHI), that you can exercise by presenting a written request to the Privacy Official:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of PHI from us by alternative means or at alternative location.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receive an accounting of disclosures of PHI.
- The right to obtain a paper copy of this notice from us up on request.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers.
- Payment means such activities as billing for vaccines, lab work, and prescriptions.
- Operations mean administrative activities of the clinic necessary to run it or planning activities to improve it.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

We are required by law to maintain the privacy of your PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.

The notice is effective, and we are required to abide by the terms of the Notice of Privacy Practices in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all PHI that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint. Please contact the Privacy Official for Health Services at 615-460-5506 with any questions or concerns regarding this privacy statement.

*I have carefully reviewed the above Informed Consent for Treatment and Privacy Practices and I give my consent to be treated at Belmont University Health Services.*