Student Last Name

Student First Name

Net ID

Student Health Services Consents

Consent for Treatment:
I hereby grant permission for the University of Connecticut Student Health Services (UConn SHS) staff to provide me with appropriate medical and mental health treatment including medication for treatment of illnesses/injuries and to arrange for any emergency medical care if circumstances at that time make it impossible for me to make such decisions.

I understand that SHS may disclose information from my medical records to appropriate University personnel and/or family members and/or Emergency contacts in the case of a health or safety situation as deemed necessary by SHS staff.

I understand that Student Health Services staff may disclose my medical records and/or information from such records to appropriate University personnel for purposes of treatment, payment and healthcare operations, and hereby consent to such disclosures.

Insurance Release:
UConn SHS will provide insurance claim processing for qualified students/patients under these terms:
Claims will be filed for the following insurance carriers: Aetna, Anthem Blue Cross Blue Shield, CIGNA, ConnectiCare, CT Medicaid, Tricare, and United Healthcare. Claims for other insurance carriers will not be processed. Charges for services provided to students with non-participating plans will be placed on the student's fee bill. Upon request, SHS will provide documentation for personal filing purposes.

THE STUDENT IS RESPONSIBLE FOR PRE-AUTHORIZATION OR REFERRAL IF REQUIRED BY THEIR INSURANCE PLAN. (Call the phone number on your insurance card before receiving services to determine if covered by your plan)

By signing below, I authorize Student Health Services to submit to my insurance and agree to take responsibility for all charges whether or not paid by insurance. I acknowledge that my PeopleSoft account may be put “on hold” for unpaid charges incurred at Student Health Services.

Signature(s) below indicates understanding of and agreement with the above information.

Student Signature: __________________________ Date: ________

Parent/Guardian Signature: __________________________ Date: ________

If you are under the age of 18 years old, your parent/guardian must sign.

Permission for Text Messaging:
By initialing below, I consent to receive text messages from UConn Student Health Services at my cell phone number (and any number/e-mail forwarded or transferred to/from that number.) This may include confirmation of an appointment, test results, or a reminder alert.

I understand that this permission will remain in effect unless I request a change in writing.

Student Initial: X

Student Initial