# Student Health and Wellness Consent for Treatment

**Consent for Treatment:**

I hereby grant permission for the University of Connecticut Student Health and Wellness 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 Student Health and Wellness 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 Student Health and Wellness staff.

I understand that Student Health and Wellness 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 Student Health and Wellness 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, Student Health and Wellness 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 and Wellness 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 and Wellness.

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

<table>
<thead>
<tr>
<th>Student Signature:</th>
<th>Date:</th>
<th>Parent/Guardian Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
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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 and Wellness 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.

X

**Student Initial**