

Baylor University Health Services

Privacy Notice and Consent for Disclosure of Health Records and Information

I understand that as part of the provision of health care services, BUHS creates and maintains health records and other information describing my health history, prescription drug history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment.

I understand that any and all records, whether written or oral or in electronic form, are confidential and will only be disclosed for the purposes of treatment, payment or health care operations, and as otherwise provided by federal, state, and other applicable laws or statutes.

Financial Agreement

I am responsible for understanding the coverage provided by my insurance provider and will accept personal responsibility for any charges incurred regardless of insurance status. Any outstanding balances not covered by the insurance carrier will be billed to my student account. Outstanding balances for faculty and staff will be deducted by payroll.

I understand that I am responsible for providing current contact information and any other information needed for processing insurance claims in a timely manner. I authorize the release of any medical or other information necessary to process insurance claims.

Consent for Treatment

I understand that I have both rights and responsibilities when receiving care at BUHS and that these are located on the BUHS webpage and posted throughout the clinic. I may also receive a copy of these rights and responsibilities upon request.

I authorize Baylor University Health Services to administer medical and surgical services, immunizations, and therapeutic procedures as deemed necessary by duly licensed personnel.

PRINTED NAME (OR GUARDIAN, IF MINOR)

DATE

SIGNATURE (AND RELATIONSHIP TO PATIENT IF MINOR)

BAYLOR ID NUMBER