

Baylor University Health Services (BUHS)

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.

Baylor University Health Services does not accept Medicaid/Medicare. Any costs incurred will be charged to the student account or payroll deduction unless other financial arrangements are made.

Consent for Treatment

I understand that healthcare at BUHS is provided by physicians, nurse practitioners, nurses, integrated behavioral health counselors, physical therapists and other professional staff.

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 understand that the content of phone calls, voicemail messages and email/secure messages will be incorporated into my health record.

I understand that a chaperone will be provided upon request by either me or my health care provider(s) for any part or all of an examination or procedure.

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

I understand that it is my right to discuss any proposed service with my health care provider(s) and that I have a right to refuse care, treatment, and services in accordance with law and regulation.

Patient Signature

Date

Printed Name

BU ID #