



De Anza College Student Health Services
21250 Stevens Creek Blvd. Cupertino, CA 95014
Phone: (408) 864-8732 Fax: (408) 864-8983

INFORMED CONSENT FOR TREATMENT

Welcome to the De Anza College Student Health Services. The mission of the Student Health Services is to facilitate and enhance the educational success of our students by integrating high-quality, affordable health care, including health education and disease prevention.

In order to ensure the highest quality of services and to comply with professional standards, all services provided by our licensed health care providers is based on your presenting concerns and goals for treatment. Although the student health services desire to see every student function at the highest level possible, our practice provides limited comprehensive health care including diagnosis and management of minor illnesses and injury. For on-going chronic diseases and mental health issues that are beyond the level of care of student health services, the staff will assist students with community referrals.

Please be advised that we are closed during various parts of the year for holiday breaks or staff meeting and our license health care providers may not be present for medical attention due to various scheduling needs.

Should an emergency or urgent situation arise, please call 9-1-1 or go to the nearest emergency room.

For non-emergency questions or issues, students may call Campus Police at 650-949-7313 or the student health services main line at 408-864-8732.

For psychological services or mental health questions or issues, please call 408-864-8868. Students may also call the Santa Clara Suicide & Crisis Hotline at 408-278-4204 or text the Crisis Text Line at 741741

AUTHORIZATION TO GIVE MEDICAL CARE – CONSENT TO TREATMENT: I hereby voluntarily give consent to the care from De Anza Student Health Services clinical staff for medical examinations and medical treatment of illness and/or injuries, diagnostic procedures (including x-ray and laboratory tests) administration of drugs, or any other care when any or all of the foregoing is deemed necessary by, and is to be rendered under the general supervision of, a qualified California licensed health care provider. My treatment will be confidential and my records will not be released to anyone without permission, except by subpoena or other legally required reporting.

I understand that Student Health Services is limited in its ability to provide continuous or comprehensive health care as the clinic is closed in the evenings, on weekends and during holidays, and the provision of care is based on enrollment status. I understand that I may be referred to off campus medical providers if I'm not currently enrolled at De Anza College; if the medical services needed are beyond the scope, expertise, or hours of operation of the Student Health Services; or at the individual's request. I realized that individuals/families must make their own arrangements to pay for health care provided by an off-campus entity.

I also understand that during the course of treatment, Student Health Services providers may be exposed to the patients' blood and/or body fluids increasing their risk of contracting Hepatitis B, Hepatitis C, and/or HIV. In the event an exposure occurs, I understand the need for testing for these diseases and I agree to such testing of myself to promote the health and welfare of the health care worker. I understand that this consent will be valid and remain in effect as long as I attend De Anza College.

_____ (Pt. Initial) I agree to be contacted regarding my medical issues at the contact information below:

Phone number: _____

Email to be sent to: _____

NOTIFICATION OF PRIVACY: The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule gives individuals a fundamental right to be informed of the privacy practices of their health care providers and to be informed of their privacy rights with respect to their personal health information. The notice is intended to focus individuals on privacy issues and concerns, and to prompt them to have discussions with their health care providers to exercise their rights.

All information discussed is confidential and no clinical records will appear in any academic records or transcripts. A written and signed authorization is required before information concerning your care can be disclosed to individuals outside of the Student Health Services. At any time, you may request a printed copy of the Student Health Services Notice of Privacy Practices.

ELECTRONIC MEDICAL RECORDS: All protected health information in the electronic medical record is stored in a secure data center and is encrypted. Only authorized staff have access to your health information. In the unlikely event of such breach, you will be notified as required by law. In accordance with Health and Safety Code (HSC) section 1797.98 and HSC section 11191, your Student Health Services medical records will be destroyed 10 years after their receipt or production.

_____ (Pt. Initial) I have received the De Anza Student Health Services Notice of Privacy Practices and Patient Rights.

TREATMENT OF MINORS: The State of California requires parental consent prior to treatment of minors that is under the age of eighteen. There are certain situations where parental consent is not required to receive certain health care services if they meet the legal requirements, to include mental health counseling; alcohol and drug abuse counseling; diagnosis, treatment and preventive care for sexually transmitted diseases; and care related to pregnancy and pregnancy prevention. Individuals under the age of eighteen may be able to consent to their own health care based on their status or living situation.

Please check one of the following:

I'm able to consent to my own care, because:

- I am 18 years old or older
- I am or have been married, in the armed forces, or have been emancipated by court
- I am 15 years old or older, living separate and apart from my parents, and managing my own financial affairs (must meet all requirements)

I am seeking "MINOR CONSENT SERVICES"

- I am under the age of 18 and does NOT MEET the legal requirements above.

I have read, understand and give consent to the above information and policies and have provided an opportunity to review and ask question.

Patient Name

Date of Birth

Student ID #

Patient Signature

Date