



UNIVERSITY HEALTH CENTER
 The University of Georgia
 Athens, GA 30602-1755
 Phone: 706-542-1162
 Fax number: 706-542-4959
 or 706-583-0777

NAME: _____

UGA ID#: _____

Date of Birth: _____

UHC PATIENT AGREEMENT

Permission for Diagnostic and Treatment Procedures

I, _____, hereby authorize the University Health Center (UHC), their employees and consultants, to perform diagnostic and treatment procedures, which in their judgment may become necessary while at The University of Georgia. I understand that I will be involved and engaged in my care and treatment. I understand that UHC utilizes the services of Physician Assistants and I have a right to consult with a physician prior to receiving a prescription drug or device order.

If I require specialized and/or emergency care, I will be referred to the appropriate medical facility or professional. I understand that a person listed as my emergency contact will be notified if considered necessary by the professional staff of The University of Georgia.

Confidentiality and Notice of Privacy Practices Acknowledgement

Medical and mental health information contained in all health records is strictly confidential and may not be released without express written permission from the patient or by a court order. Confidentiality and privacy are protected in all UHC business relationships to prevent the exchange of any patient specific information without permission.

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy in regard to my protected health information (PHI). By signing below, I acknowledge that I have received, read and understood the University Health Center's Notice of Privacy Practices. This notice is available on line at www.uhs.uga.edu. The University Health Center reserves the right to change the terms of its Privacy Notice. If such changes are made, I understand that the Privacy Notice will be provided to me upon request.

Financial Information and Authorization to Process Insurance Claims

It is recommended that all UGA students be covered by health insurance either with an individual student policy or through their family policy. The University Health Center (UHC) will file insurance claims on behalf of patients and clients. The filing of claims does not guarantee either full or partial payment by the insurance company. **The UHC is a participating provider only for the UGA student health insurance (GM Southwest). The UHC is not a participating provider for other health insurance plans, including HMOs and those covering UGA or state employees and their dependents.** The UHC Pharmacy is contracted and approved to file claims on most insurance plans for prescriptions, whether written by UHC providers or others. Students are urged to check with the UHC Pharmacy staff to see if their policy is covered before attempting to fill prescriptions elsewhere. Students and their parents are encouraged to contact their insurance company to request that the UHC be enrolled as a participating provider in their plan.

I, the undersigned, have read and understand the above information and authorize the release of any medical or insurance information to the insurance company which is necessary to process claims for services rendered by this facility. I hereby authorize my insurance company to distribute the payment of my coverage directly to the provider rendering services. I understand that I am fully responsible for all charges regardless of my insurance benefits. As a student at UGA, I understand that I am responsible for any charges incurred by my spouse or partner if treated at UHC. I authorize the use of this signature on all insurance submissions. I may elect to pay any bill in full in lieu of submitting a claim for insurance reimbursement.

Liability for and Promise to Pay Collection Expenses

I agree that if UHC considers it necessary to refer all or part of the unpaid portion of any bill resulting from this Agreement to any attorney or collection agency for collection, I am liable for and shall pay UHC's attorney's fees and/or collection agency fees resulting from the referral. I agree to pay all charges and other costs, including attorney fees, that are allowed by federal and state laws and regulations and that are necessary for the collection of these amounts.

Our Concern for Your Safety and Active Involvement in Your Care

It is very important to us that your visit to the University Health Center is convenient, appropriate to meet your needs, and above all safe. You can play a role in making your care safe by being actively involved and an informed member of your health care team. While you are a student at UGA and a patient at UHC, we want you to be comfortable with your care. To be actively engaged in your care, we encourage you to:

- Expect us to introduce ourselves to you, and to wear a UHC nametag.
- Expect us to ask you for your UGA ID card, and to verify your identity during your visit.
- Tell us right away if you believe we have confused you with another patient.
- Expect us to wash our hands or use alcohol-based hand sanitizer.
- Expect us to provide you with information about your condition, your treatment, and any follow up that may be needed.
- Expect us to ask you about the medications you are taking, even over-the-counter medications and herbs, and to provide you with a list of these medications if they change during your visit.
- Ask any questions you may have before you leave, and schedule another appointment to continue your care if you think this is needed.
- Speak up if you have questions or concerns, and if you don't understand, ask again.
- Tell your nurse or provider if something doesn't seem quite right. Don't be afraid to ask about safety.

I verify by my signature below that I have read and understand the above information, and give my permission as stated above.

Signature of patient _____ Date _____

Signature of parent (if patient under 18) _____ Date _____