HEALTH AND WELLNESS CENTER
CONSENT FOR RECEIVING SERVICES AND PRIVACY POLICY

I hereby agree to assessment/consultation/treatment at the Farmingdale State Health and Wellness Center, and I understand the following:

• Services are available only to currently enrolled students. Most services are fully or partially covered by my student health fee.

• I have the right to be seen in a timely manner, to receive quality care, to be treated with respect, and to receive feedback from my health care provider.

• I have the right to refuse diagnostic and/or treatment services.

• The Health and Wellness Center staff operate as a team. They may confer with one another as is professionally necessary to provide the best possible service to me.

• The Health and Wellness Center staff will treat any information I share during my contacts with them with the strictest confidentiality. I also understand that there are important legally-mandated exceptions to confidentiality. These include:
  1. Notification of relevant others when a health care provider determines that a student is an immediate danger to his/her self or others;
  2. Incidences of suspected elder or child abuse, neglect, or maltreatment;
  3. Legal action, in which a judge may subpoena the College to provide copies of clinical records.

Otherwise, I understand that confidential information will not be disclosed outside of the Health and Wellness Center without my written authorization to do so. PLEASE NOTE: The exceptions to confidentiality are extremely rare.

• Signing this form does not waive my confidentiality and privacy rights.

• I am responsible for the following:
  1. Respectful interactions with Health and Wellness Center staff;
  2. Attendance at scheduled appointments unless rescheduled or cancelled at least 24 hours in advance;
  3. Active participation and cooperation in the treatment process;
  4. Notification to my health care provider if my problem or condition worsens.

I have read the above statements regarding the Health and Wellness Center and fully understand them. I have addressed any questions with a staff member. I also understand that this consent will remain in effect until I am no longer a Farmingdale State College student.

__________________________________________________________ Date
Student signature

__________________________________________________________ Date
Staff signature