



TITANMED CONSENT TO TREAT

I consent to the medical providers(s) in TitanMED at California State University, Fullerton, to provide treatment for the following: illness and/or injuries, to conduct all examinations and laboratory/x-ray testing, minor surgical procedures as deemed advisable and are rendered under customary medical care, anesthetics, vaccinations and immunizations against diseases which may be now or during the course of the patient's care as an outpatient be deemed medically advisable or necessary, and to make necessary referrals to outside physicians and other indicated community facilities. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care, but is given to provide authority and power for the aforementioned medical provider(s) to render care, which, in their best judgment, may be deemed advisable.

State law requires healthcare providers to report certain diseases and conditions of public health importance to the local health department. These are listed in the Privacy Practices Notice. Additionally, in the interest of providing effective and efficient treatment, the following entities may share records between themselves and communicate about your treatment: Counseling and Psychological Services providers, TitanMED providers, and the State of California Immunization Registry.

For Telehealth Visits: Audio and/or Video

I hereby consent to engage in telehealth with a TitanMED medical provider and/or staff including, but not limited to, a Physician, Nurse Practitioner, Registered Nurse, Licensed Vocational Nurse, Athletic Trainer, Health Educator, Registered Dietitian, and Confidential Advocate at California State University, Fullerton. I understand that with "telehealth" the practice of taking a history, making a diagnosis without a physical exam, appropriate treatment with the information gathered, and when indicated referral to an outside provider/facility, including but not limited to, a Primary Care Physician, Specialist, Urgent Care Center, or Emergency Department is done if the medical problem cannot be managed via telehealth. The telehealth provider could make an appointment for the patient at TitanMED as needed. Telehealth medical services will occur primarily through interactive audio, video, telephone, email, secure messages, and/or other data communications. TitanMED reserves the right to change its

service delivery model in response to updated information, including state and national directives.

I understand and agree to the following in respect to telehealth:

1. For a CSUF student to receive telehealth services, they must be physically located in the State of California where the telehealth provider is licensed at the time of the appointment. Telehealth services may not be provided in interstate and international jurisdictions.
2. I understand there are risks and consequences from telehealth services despite reasonable efforts on the part of the medical provider, including but not limited to, the possibility that: the transmission of my personal information could be disrupted or distorted by technical failures; the transmission of my personal information could be interrupted by unauthorized persons; and/or the electronic storage of my personal information could be accessed by unauthorized persons.
3. I understand that I may benefit from telehealth services, but that results cannot be guaranteed or assured.
4. I understand that I may opt out of the telehealth visit at any time. This will not change my ability to receive future care at TitanMED.
5. I understand that an electronic communication may be used to communicate highly sensitive medical information, such as treatment for or information related to sexually transmitted diseases or addiction treatment (alcohol, drug dependence, etc.).
6. I am responsible for finding a private location where the Telehealth consultation may be conducted.
7. I agree that I will not record in any manner including, but not limited to, audio and/or visual, the electronic interaction between myself and the provider and/or staff with whom I am consulting.

In addition, I understand that telehealth-based services and care is an alternative form of treatment and may involve limitations described above. I also understand that if my provider and/or staff believes I would be better served by another form of intervention, I may be asked to present to TitanMED for a face-to-face in-office visit, or I can be referred to an outside provider as described above who can provide such services.

Finally, I understand that there are potential risks and benefits associated with any form of medical treatment, and that despite my efforts and the efforts of my provider, my condition may not improve, and in some cases may even get worse.

If my condition is an emergency I should immediately call 9-1-1 or seek help at a hospital emergency department or urgent care center in my immediate area.

Advanced Directives:

Health Care Advance Directives are your instructions for the health care you would like in the event you are not able to make decisions due to a severe illness or injury. In the document, you designate a person to make decisions on your behalf. You can also describe the kind of and extent of care you want. We encourage you to discuss Directives with your health care provider and your family. For more information:

- http://oag.ca.gov/consumers/general/adv_hc_dir
- <http://www.webmd.com/healthy-aging/guide/advance-directives>

Access to Medical Services:

I am aware that TitanMED is not open nights, weekends, or campus holidays and closures. I know that I must obtain medical care off campus and at my own expense for services that are outside the scope or hours of TitanMED operation, as well as when I am no longer a CSUF student or am otherwise not eligible to receive services.

Acknowledgements:

I acknowledge receipt of and am in agreement with the TitanMED Consent To Treat. I understand and accept that I must cancel in advance any health center appointment I do not intend to keep. I understand that I must pay a late cancellation fee of \$20 if I fail to cancel my appointment at least 4 hours in advance for appointments. I understand that I am responsible for checking my email secure health portal messages, voicemails, and/or text messages. I have had the opportunity to discuss any questions regarding the above information.

Confidentiality:

TitanMED maintains confidentiality in accordance with the ethical guidelines and legal requirements of their profession. In the interest of providing effective and efficient treatment, TitanMED providers, CAPS providers and other CSUF health

providers, may share records and communicate about your treatment to provide optimal care. Administrators, medical records and support staff have access to records on a strict need to know basis in order to perform job responsibilities. Health information is documented in a shared electronic medical record to facilitate integrated and coordinated care.

I acknowledge receipt of CSU Fullerton Privacy Practices Notice and agree to consent for treatment.**

Signature Required (Please type full name): _____

Parent/Guardian Signature (If required): _____

CWID: _____