UVM Center for Health & Wellbeing (CHWB)
Consent to Treatment & Acknowledgment of Policies

The University of Vermont Center for Health & Wellbeing (CHWB) provides integrated services offering a full spectrum of medical, mental health, health promotion, and wellbeing services to keep students healthy, successful, and engaged during their time at UVM. We strive to provide welcoming, individualized, and affirming care. By signing below, you acknowledge and consent to the following:

Consent to Medical Care at Student Health Services

I hereby give my consent for physicians, nurse practitioners, physician assistants, nurses, and other healthcare personnel involved in my care to provide medical evaluation, treatment, and routine medical care as deemed necessary or advisable for my health and safety.

I understand that this consent includes, but is not limited to, physical examinations, mental health assessments, diagnostic testing, laboratory services, procedures, preventive care, and coordination of care with other providers as needed for my health and safety. For a list of services provided, please view uvm.edu/health/services. I understand that no guarantees or assurances have been made to me regarding the results of any treatment or procedure.

Consent to Counseling and Psychiatry Services and Behavioral Health Services

I hereby give my consent to receive counseling, behavioral health, and psychiatric services provided by the Center for Health and Wellbeing at UVM – this includes Catamount Sports Psychology. Services may be provided by licensed mental health professionals, psychiatric providers, clinicians in training who are supervised by licensed clinicians, and case managers as appropriate.

I understand that services may include mental health assessments, diagnostic evaluations, individual or group counseling, psychiatric evaluation, medication management, treatment planning, preventive care, crisis intervention, and coordination of care with other healthcare providers as appropriate for my health and safety. For a list of services provided, please view uvm.edu/health/services.

I understand that psychiatric services may include recommendations and prescriptions for medications. The risks, benefits, and alternatives to psychiatric medications will be explained to me, and I have the right to ask questions and participate in decisions about my care.

I understand that counseling and psychiatric services may involve discussing personal, emotional, or sensitive information. Participation in treatment is voluntary. I have the right to ask questions, participate in decisions about my care, and refuse or withdraw consent for services at any time, except as limited by law or in emergency situations.

Consent to Athletic Medicine Services

If I am a student athlete and eligible to receive Athletic Medicine Services, I hereby give my consent to evaluation and treatment by athletic medicine healthcare providers for injuries or medical conditions related to athletic participation. Services may include assessment, treatment, rehabilitation, preventive care, and coordination of care with other healthcare providers as appropriate.

I understand that Athletic Medicine provides care related to sport participation, injury evaluation, treatment, and return-to-play decisions, and may coordinate with coaches and other UVM personnel within FERPA/ HIPAA-compliant boundaries.

Consent for Telehealth Services at the Center for Health and Wellbeing

I hereby give my consent to receive healthcare services via telehealth from authorized providers affiliated with the institution, including counseling and behavioral health services, medical services, and athletic medicine services, to the extent they are offered.

I understand that telehealth involves the use of electronic communications (such as video conferencing or telephone) to enable healthcare providers to deliver services when I am not physically present at the clinic. Telehealth services may include, as appropriate, evaluation, assessment, diagnosis, treatment, consultation, preventive care, care coordination, and follow-up. The availability of telehealth services may be restricted by state licensure laws where I am physically located.

I understand that I am responsible for:

- Participating in telehealth visits from a private, safe location

- Ensuring my technology is functional to the best of my ability
- Informing my provider if I am not located in Vermont at the time of the visit, if required

Confidentiality & Privacy
CHWB follows all applicable privacy laws (FERPA for student educational records; HIPAA for covered components). Information released to third parties is governed by these laws and ethical licensure requirements. CHWB will obtain my written consent when the applicable law(s) does not require/permit disclosure as detailed below.

Disclosures that Do Not Require Your Permission
I understand that information shared during CHWB appointments is confidential and will not be disclosed without my written permission, except as permitted or required by law. Exceptions to confidentiality may include, but are not limited to:

- To avoid harm - If we believe that you may pose a physical threat to yourself or to another person, we are required to take protective actions for the safety of you and/or the other person.
- Suspected abuse or neglect of a minor, elder, or vulnerable adult
- Court orders or other legal requirements
- Medical or psychiatric emergencies

When possible, I will be informed before confidential information is shared.

Expanded Informed Consent (Limited Disclosure of Appointment Date):
In some cases where there is a concern for your wellbeing or community wellbeing, CHWB may share the dates and times of your scheduled appointments with the University's CARE Team, which coordinates student support, outreach, and resources. No clinical content, diagnosis, or session notes will be shared without your express consent in a Release of Information (ROI). If you would like to opt out of this, please email health@uvm.edu. This is to ensure that appropriate follow-up and care can occur when needed.

Understanding that Data Can be Shared in a Non-Identifiable Way
I understand that, under applicable law, the UVM Center for Health and Wellbeing can use data in aggregate to report broadly outside the university in a non-identifiable way.

Emergencies and Safety
I understand that CHWB does not provide 24-hour emergency services. If I am experiencing an emergency or am at immediate risk of harm, I am responsible for contacting local emergency services or campus emergency resources.

No Guarantee of Outcome
I understand that no guarantees can be made regarding the outcome of treatment. I have the right to ask questions, decline any specific treatment, or request a second opinion.

Communication, Electronic Systems & Student Portal
I hereby consent to the use of secure electronic health systems, including CHWB's electronic medical record, MyWellbeing Portal, secure messaging, and electronic delivery of test results, clinical documents, and appointment information.

Financial Responsibility
I understand that some services may incur fees or may require that I bill my insurance. I am responsible for any costs not covered by my health plan. All charges for visits will be placed directly on my account. It is important to let your insurance company know that you will be seen at the University of Vermont Student Health Center located at 425 Pearl Street, Burlington, VT. It is my responsibility to provide accurate insurance information and update CHWB of any changes.

Voluntary Participation, Right to Refuse Treatment, and Right to Withdraw Consent
I understand that all healthcare services, including medical, counseling and psychiatric care, and athletic medicine are voluntary. I have the right to ask questions, participate in decisions about my care, and to refuse or withdraw consent for any service at any time.

I understand that refusing or discontinuing treatment may affect my health or progress, and that my provider will explain any potential consequences. I also understand that in certain emergency situations, or when required by law, my provider may provide care without my consent to protect my health, safety, or the safety of others.

I may revoke this Consent to Treatment at any time in writing, except where CHWB has already acted in reliance on it. Revocation may limit my ability to receive services.

Duration of Consent
This consent remains in effect for the duration of my treatment relationship as a student at the University of Vermont unless I revoke it in writing.

Acknowledgment & Signature
I have read (or had it read to me) this Consent to Treatment. I agree to the terms outlined above.