

# **Student Health Center Slippery Rock University**

## **Consent for Treatment**

I consent to the use or disclosure of my health information by the Student Health Center staff for the purpose of diagnosis or treatment in order to conduct health care operations.

I understand that I have the right to request a restriction or limitation on how and to whom my health information is used or disclosed for the above purposes. Student Health Center is not required to agree to such a request, but if agreed upon, the service will comply unless the information is needed to provide me emergency treatment.

The "Notice of Privacy Practices" describes my rights as well as Student Health Center's rights and responsibilities with respect to my health information.

Any type of electronic recording device is strictly prohibited at any location within the SHC to ensure patient confidentiality and privacy. Any type of recording of telehealth sessions is prohibited.

The mode of appointment (telehealth or in-office face to face) is at the discretion of the health provider.