



## Consent for Treatment

All eligible students may utilize Student Health & Wellness for health concerns and promotion. An eligible student is one that is enrolled at the University of Missouri-Kansas City and has paid the Student Health Fee.

- Visits to the clinic are paid as part of your student health fee upon admission to UMKC. I understand that I am responsible for the equivalent of the student health fee if I had not been charged in my tuition, so I may access care at UMKC Student Health & Wellness.
- I request and authorize the UMKC Student Health & Wellness Staff to examine and treat me within their professional guidelines and judgment for the illness/injury I am presenting.
- I understand that the UMKC Student Health & Wellness Staff may make referrals or consult with other health professionals regarding my case, as they deem necessary, in order to meet my health care needs.
- I understand that I am responsible for charges of any additional testing or procedures performed at UMKC Student Health & Wellness to assist in the diagnosis of my medical condition.
- I understand that Quest Diagnostics™ may add on additional laboratory testing, when needed, beyond the initial laboratory tests ordered at UMKC Student Health & Wellness. This additional testing adds valuable diagnostic information and is consistent with best medical practices. UMKC Student Health & Wellness may be able to communicate anticipated costs associated with these additional tests. Quoted costs cannot be guaranteed. **I understand that I am responsible for and agree to pay UMKC Student Health & Wellness any charges for additional labs Quest Diagnostics™ orders to assist with the diagnosis of my medical condition.**
- I understand that if I am over the age of 18 years, only I may authorize the release of information contained in my medical record (exceptions are emergencies and are required by law). I also understand that any health care information pertaining to myself is kept confidential within UMKC Student Health & Wellness.
- I understand that UMKC Student Health & Wellness staff will offer me free rapid Human Immunodeficiency Virus (HIV) testing that I have the right to accept or decline. I also understand yearly HIV testing is recommended by the Centers for Disease Control (CDC) for everyone between the ages of 13 and 64.
- I understand the UMKC Student Health & Wellness does not submit / file insurance claims for services provided. I understand that I can request a receipt for services, if I choose to submit my own claim to my insurance company.

### Late to visits:

- I understand that I will be asked to reschedule my appointment if I am more than 10 minutes late to my scheduled appointment.

### Cancelations:

- I understand that if I need to cancel my appointment that I should notify UMKC Student Health and Wellness at least 24 hours before my scheduled appointment.

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- I understand that I can contact UMKC Student Health and Wellness at 816-235-6133 or email: [studenthealth@umkc.edu](mailto:studenthealth@umkc.edu)

### "No Show" Fees:

- I understand it is my responsibility to keep my scheduled appointments and show up on time.
- I understand that if I do not show up for my scheduled appointments and have not called to cancel ahead of time, I may be charged a \$5 "No Show" fee.
- I understand that this fee will be charged automatically to my student account.

### Change of student eligibility status:

- I understand that I may continue to utilize UMKC Student Health and Wellness for 30 days after graduating, withdrawing, or any other changes in my student status.
- I understand that after my student status changes, I should make plans to seek another health care provider, outside of UMKC Student Health and Wellness, that will monitor my health care.

Printed Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH / DAY / YEAR

Signature: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH / DAY / YEAR

Time: \_\_\_\_:\_\_\_\_ a.m. / p.m.