

GOLDEN WEST COLLEGE
Student Health Services
CONSENT FOR SERVICE

The Student Health Service maintains personnel and facilities to assist you in maintaining and/or enhancing your health. Treatment and testing may involve unforeseen risks, including complications, and no guarantee is made for positive outcomes or cure. All patients have the right to be informed of such risks as well as alternative treatments or options for care. Evaluation, treatment, and testing will not be performed without the patient's signed informed consent EXCEPT in cases of emergency. You have the right to consent to or refuse any proposed treatment or test.

The student/health care provider relationship is confidential and information will not be disclosed without your written permission EXCEPT by court order, subpoena, or where reporting is required by law including:

- When the patient indicates intent to harm himself/herself or others.
- When there is reasonable suspicion of domestic violence including but not limited to: child abuse, spousal abuse, or abuse of the elderly.
- Suspected violent injury, including sexual assault. Licensed medical staff (physicians and nurses) must report suspected violent injuries, including sexual assault, to local law enforcement (police), but are not required to report sexual misconduct or assault to the GWC campus Title IX Officers. Licensed psychologists and social workers are not required to report sexual misconduct or sexual assault to the campus Title IX officers or to local law enforcement (police); Licensed psychologists and social workers are not required to report suspected violent injury to local law enforcement unless it is domestic violence, which they must report.
- Sexual misconduct. All GWC employees EXCEPT licensed medical and psychological staff must report sexual misconduct and sexual assault to the GWC campus Title IX Officers.

The undersigned patient, or parent/legal guardian, consents to Student Health Service physicians, nurses, psychologists and other Student Health Service personnel to provide, perform, and administer nursing assessments, medical examinations, mental health assessments, treatments, and testing.

I have accurately completed the Patient Medical History information form, identified all my medical /physical conditions, medications I am taking (including over-the-counter), and known allergies. I understand that the Student Health Service depends on information I have provided, and any discrepancies may complicate my treatment, cause injury, and/or reduce my chances of successful treatment outcome. If there is any change in any of my medical history, I agree to provide Student Health Service with all updated information.

I understand that the Student Health Service has limited clinic hours, and is open and available only while school is in session, and if there is an emergency while school is not in session, I will have to make my own arrangement for receiving health care.

I understand that my signature constitutes my acknowledgement that: (1) I have read and agree to the foregoing; (2) that I authorize and consent to the treatment; and (3) I am releasing the District and Student Health Service from liability.

This consent shall be valid for a period of one (1) year.

Print Name

GWC Student I.D. number

Signature

Date

Witness (Student Health Service Employee)

Date