Welcome to University Health & Counseling Services (UH&CS).
UH&CS providers value a collaborative, holistic approach to treating the mind and body and working together to provide you with the best overall care. We’d like to let you know what to expect about your privacy and confidentiality which are important to us.

Confidentiality
UH&CS operates within professional ethical guidelines and applicable federal and state laws which protect the privacy of your health and counseling records. Please be assured that your medical and counseling care records at UH&CS will be kept confidential.

Our records are maintained in files completely separate from your academic records and cannot be accessed by faculty, parents, or any non-UH&CS staff without your authorization. UH&CS staff will not disclose information to any party outside the university (e.g., parents, future employers, insurance companies) without your written permission.

Exceptions to Confidentiality
There are some important exceptions which include cases of imminent danger of harm to yourself or to another person, when you require immediate hospitalization, or when we are compelled by law or a court ruling to do so. When emergency disclosure is necessary based on one of these exceptions, UH&CS staff may share pertinent information with university officials, family members, other health care providers or other individuals or agencies in order to mitigate the existing danger. In addition, UH&CS staff are legally obligated (based upon the Clery Act and Federal Title IX legal requirements) to report de-identified, aggregate information regarding sexual misconduct to the University. (See CWRU Sexual Misconduct Policy for details).

For students under the age of 18, please refer to our Notice of Privacy Practices (for minors) statement for more detail about how we handle your confidential information.

If you have questions about our care model, feel free to discuss them with your UH&CS provider.

CONSENT
I understand that all information I share to UH&CS providers will be held privately and confidentially, except as provided in the guidelines noted above.

I understand that when I seek care from University Health & Counseling Services (UH&CS), I will be provided with additional information about the available healthcare services and our privacy practices. During that time, I have the right to have my questions or concerns addressed by my provider.

This agreement is in effect annually from July 1 through June 30th or until such time when I revise or revoke the agreement in writing (addressed to UH&CS or by using the UH&CS Release/Access Information Form).

I have read and understand the above information and freely provide my signature below:

Print Name: ___________________________________________  ____________________________  ____________________________

Signature: ___________________________________________  ____________________________

Today’s Date: ____________________________

Revised 12.10.2015/H Drive