



## **Randolph-Macon College Student Health Services Privacy and Consent Policy**

### **CONSENT FOR STUDENT ACCOUNT BILLING:**

Although many services provided by the R-MC Student Health Center are free, I understand that **some services require a fee**. Charges will be billed to the Student Account. Information relating to the charges that appear on the student account statement is confidential medical information and no explanation of charges will be released to anyone without written permission by the patient. The patient may request a statement of charges at anytime.

### **CONSENT FOR INSURANCE BILLING:**

I understand that the R-MC Health Center may bill my health insurance for services rendered by the Health Center. I authorize the release of information for all insurance processing and payment to be made directly to R-MC Student Health. I understand that I am financially responsible for any/all non-covered/out of network services rendered by R-MC Student Health.

### **CONSENT FOR CARE AND TREATMENT:**

I agree and give my consent for Randolph-Macon College Student Health Services to provide medical care and treatment to me considered necessary for properly diagnosing and treating my medical condition.

### **PRIVACY POLICY:**

The R-MC Student Health Center respects your right to privacy. All health records and information discussed in the Health Center is strictly confidential and will not be released without your consent.

### **MISSED APPOINTMENT POLICY:**

I understand that if I make an appointment and fail to show up within 10 minutes of the scheduled time, or if I fail to cancel it, my student account will be charged \$7.00 for each occurrence. I also understand that if I miss my scheduled appointment, I will not be scheduled again until the following day.

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