

PATIENT CONSENT FORM

General Consent to Treat: By signing below, I, (or my legally authorized representative on my behalf) authorize UA Occupational Health and its staff to conduct any diagnostic examinations, tests, and procedures and to provide any medications, treatment, or therapy necessary to effectively assess and maintain my health, and to assess, diagnose and treat my illness or injuries. I understand that it is the responsibility of my individual occupational healthcare providers to explain to me the reasons for any particular diagnostic examination, test or procedure, the available treatment options and the common risks and benefits associated with these options, as well as alternative courses of treatment at my request.

Right to Refuse Treatment: In giving my general consent to treatment, I understand that I retain the right to refuse any particular examination, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by my individual treating occupational health care providers. I also understand that no guarantees have been made to me as to the results of my evaluation and/or treatment.

I confirm that I have read/received a copy of the following:

- _____ Patient Rights & Responsibilities
- _____ Privacy Policy
- _____ Patient Feedback- Suggestions/Complaints

Print Patient Name

UA ID Number

Patient Signature

OR _____
Legally Authorized Representative

Date

COMPLETE THIS SECTION TO WITHDRAW CONSENT ONLY

I understand that I may withdraw my consent at any time. *To withdraw consent for treatment and evaluation, please complete the information below:*

(MARK THIS BOX AND SIGN BELOW FOR WITHDRAWAL ONLY). I have chosen to withdraw my consent for treatment and evaluation with UA Occupational Health.

Signature of patient (or parent/guardian): _____ Date: _____

Patient Feedback

A virtual patient feedback form is available to elicit further information on your experience with Occupational Health. The patient feedback form is available at the following link: (<https://forms.gle/MX1CrRRQusFhnWEg6>) and can also be completed by scanning the code below.

Scan below to submit feedback:



UA Occupational Health (OH) maintains a system to receive complaints and suggestions from its patients and respond in a prompt and appropriate manner. If you have any complaints or suggestions, please let us know.

Scan below or follow the link at <https://occhealth.arizona.edu> to submit complaints or suggestions:



Privacy Policy

UA Occupational Health (“UAOH”) is committed to protecting the privacy of your confidential medical information and is required by law to do so. This policy describes how we may use your information internally and how we may disclose it to others outside of the institution without your explicit authorization. We will notify you if there is an inappropriate disclosure of your confidential medical information.

How will we use and disclose your confidential medical information?

Treatment: UAOH may use your confidential medical information to provide you with medical services and supplies. We may also disclose this information to other licensed practitioners that need the information to treat you.

Family members and others involved in your care: UAOH may disclose your confidential medical information to a family member or others who are involved in your care, unless you direct otherwise. If you do not want UAOH to disclose this information to family members or others involved in your care, please notify UAOH.

Payment: UAOH may use and disclose your confidential medical information to arrange for payment for services rendered to you. This may include sharing information with your unit or department to confirm the delivery of services to secure payment.

As required by your employment: UAOH may share your confidential medical information, associated with job duty recommendations or requirements, with your UA department or supervisor, or with associated departments including but not limited to RLSS (Research and Laboratory Safety Services) or Risk Management Services (RMS). This may include, but is not limited to, assessments, declinations, determinations, and results related to fitness for duty requirements, clearances consistent with UA department or unit requirements, or OSHA standards.

Public Health Purposes: UAOH may report certain confidential medical information for public health purposes, as required by law. For example, UAOH is required by law to report certain communicable diseases to the state or evidence of abuse and neglect. UAOH may also need to report patient problems with medications or medical products to the manufacturer and the FDA.

Judicial Proceedings: If you are involved in a lawsuit or dispute, UAOH may disclose your confidential medical information in response to a valid court or administrative order, subpoena, or other legally enforceable request.

Law Enforcement: UAOH may disclose your confidential health information to law enforcement in certain situations, including but not limited to: in response to a valid court order or search warrant; to identify or locate a suspect, witness, or missing person; and in emergency situations, to report a crime.

As Required by Law: UAOH may also disclose your confidential health information if required to by federal, state, or local laws, rules, or regulations. Additionally, UAOH may be required to provide your confidential medical information to the state workers’ compensation program, in the event of a work-related injury.

Changes to this Policy

UAOH reserves the right to change the terms of this Privacy Policy concerning how it will use or disclose confidential medical information. If changes to this policy occur, UAOH will provide me a copy of the revised policy upon request.

PATIENT'S RESPONSIBILITIES

The patient has a responsibility to:

- Inform the provider of any changes in health status or updates to their health history that could affect treatment, including complete and accurate information and records.
- Adhere to a prescribed treatment plan, to discuss any desired change, and participate in their care.
- Act in a considerate and cooperative manner with Occupational Health staff, as well as other patients.
- Ask questions and seek clarification regarding areas of concern, tests, diagnostics, or plan of care.
- Consider potential risks with declination of service or failure to comply with instructions, recommendations, and follow-up evaluation.
- Assist the providers in compiling a complete record by authorizing the Occupational Health staff to obtain necessary medical information from appropriate sources when it is deemed necessary to provide appropriate medical decisions and coordination of care.
- Keep appointments on time.
- Cancel appointments only when absolutely necessary, and far enough in advance so that other patients might utilize that time.
- Accept personal financial responsibility for any recommended outside medical care by other medical providers (including primary care physicians and specialists) when it is for non-work-related healthcare issues and not authorized for referral or service by Occupational Health.
- Inform the provider about any living will, medical power of attorney, or other advanced directive that could affect their care.
- Inform the provider if they have any known health conditions or physical symptoms that may affect their ability to work safely.
- Inform the provider if they have any concerns that certain work conditions may be negatively affecting their health.

PATIENT'S RIGHTS

The patient has a right to:

- Be treated with respect and dignity and to be provided with courteous, considerate care.
- Be informed about the diagnosis, evaluation, treatment, and prognosis of the health problems in terms that can be understood.
- Not be subjected to abuse, neglect, exploitation, coercion, manipulation, sexual abuse/assault, restraint/seclusion (except as allowed in R9-10-1012(B)), retaliation for submitting a complaint to the department or another entity, or misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student.
- Review their own medical record, upon written request by completing a release of information form.
- Not be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis.
- Have access to a second medical opinion before making any decisions and/or referral to another healthcare provider if our clinic is not authorized or not able to provide the physical or behavioral health care needed by patient.
- Receive treatment that supports and respects their individuality, choices, strengths, and abilities.
- Consent to photography before being photographed.
- Establish advance directives with an outside entity and provide those advance directives to Occupational Health.
- Have access to provider credentialing information.
- Be informed of the Occupational Health policies and procedures regarding the expression of suggestions and grievances.
- Know the services that are available at the Occupational Health Clinic as well as any provisions for after-hours and emergency care. The University of Arizona Occupational Health Clinic does not provide acute care services or emergency care services.
- Be assured that malpractice insurance coverage is in force for medical healthcare that is provided within the scope of the licensure of those professionals working for the Occupational Health Clinic.