

**Title X Consent for Treatment
University of Central Missouri
University Health Center (UHC)**

Title X (“Ten”) is the sexual and reproductive health services program at the UCM University Health Center (UHC). These services are also called “family planning services” and are available to all students currently enrolled at UCM. **Please read this important information to understand your rights and responsibilities. Then, sign at the bottom if you agree.**

1. **Voluntary access of services:** I am requesting these family planning services on a voluntary basis. I understand family planning services include contraceptive services, pregnancy testing and counseling, achieving pregnancy, basic infertility services, preconception health, STI testing and treatment and related preventative services, as requested by me and provided based upon medical necessity. I understand that if I do not want family planning services, I am still eligible to receive other non-Title X services from the University Health Center.
2. **Right to information:** I understand the UHC will give me counseling and information, including risks and benefits of any testing, treatments or medications, before receiving Title X services. I will be able to ask questions about anything I do not understand. I also understand the UHC provides free access to medical translation services and I will ask for this if desired.
3. **Non-discrimination:** I understand the UHC follows the [UCM Non-discrimination policy](#) and provides services without regard to age, race, color, religion, sex, sexual orientation, gender identity or expression, marital status, pregnancy or parental status, national origin, veteran status, genetic information, disability, and all other legally protected classes. I understand the UHC also follows free Title X policy and provides services without regard to number of pregnancies.
4. **Quality services :** I understand the UHC must provide quality Title X services consistent with nationally recognized standards of care in a student-centered, inclusive and trauma-informed way.

Confidentiality:

1. **FERPA:** I understand that my health records maintained by UCM University Health Center are protected by the Family Educational Rights and Privacy Act, the federal law that protects the privacy of students’ educational records. These records will not be shared without my written consent except as allowed by law, in emergencies, or as required for health and safety. I may learn more about FERPA at UCM at ucmo.edu/ferpa
2. **Right to privacy:** I understand information about me that the UHC obtains in the Title X visit will be kept confidential and will not be shared without my permission, except as required by law or to provide me with services, such as a referral to another provider.
3. **Legal limits to confidentiality:** I understand the UHC may be required to share a minimal amount of my information with health or safety authorities to comply with laws. If tests performed for STIs are positive, state law requires that the results be reported to the state

Department of Health. Other situations the UHC may need to share my information are in the case of a threat of harm to your self or to someone else, or if a court requires the UHC to share information, or in a health or safety emergency.

4. **Aggregate data:** I understand information about the family planning services provided to me will be shared in an aggregate report to the Missouri Family Health Council, Inc. for use in generating statistical reports that evaluate the family planning program.
5. **UCM Credentials and my privacy:** I understand that I have access to a confidential patient portal through UCM's MyCentral system, and that UHC may send information about my Title X visit to this patient portal. I understand that since I must use my UCM credentials (i.e. user name and password) to access that patient portal, **anyone who has my UCM credentials will also be able to access the patient portal and general information about my Title X visits. To protect my privacy, I understand that I should not give anyone my UCM credentials.** If I need a parent or family member to pay a UCM bill, I understand I can set them up as an authorized user in the Payment Center on MyCentral. On the bill, the authorized user will see the term "UHC", the amount of the charge, and the date you accessed services.
6. **Family participation:** I understand that, as a UCM student, I have the right to be seen at the UHC. Per Federal Title X policy, I do not need parental consent to receive services, regardless of my age. I also understand the UHC staff cannot notify family of services received without my written permission.
7. **UHC Privacy Practices:** I understand that an explanation of the UHC Privacy Practices is available to me through my Patient Portal.

Paying for Title X services:

1. I understand that the Title X program utilizes a sliding scale of fees, guided by federal policy. I understand that each time I access care I will be asked to provide information about my income and household size to allow the UHC staff to determine my eligibility for discounted rates.
2. I understand costs for this visit will be determined by what services I receive, whether I have and use health insurance and what the insurance pays for, and whether I qualify for discounted Title X rates due to my annual income and household size.
3. I understand UHC personnel will talk with me about the estimated cost of services before I receive services. I also understand that initial cost estimates may be updated after services are received to include unanticipated charges, discounts, or corrections.
4. I understand that if I use health insurance for Title X services the UHC will share a minimal amount of my information with that company to obtain payment for those services.
5. **Confidential billing:** I understand that if I have and use health insurance for this Title X visit, the insurance company will mail an estimate of benefits (EOB) with limited information about this visit to the address on file. I understand that, if I do not feel safe

receiving mail at home about this visit, that I have the option to choose the “confidential billing” option. In this case, your insurance will not be charged and you will be responsible for paying any balance on your account after any Title X discounts have been applied.

- 6. My financial responsibility:** I understand that I am financially responsible for any services not covered by health insurance or the Title X program. However, no patient will be turned away for an inability to pay today. I also understand that any unpaid charges will be placed on my UCM student account.

Authorization for Treatment

I acknowledge that I have read and understand this Title X consent form. I give permission to the healthcare providers and staff at the UHC to provide medical evaluation, diagnostic procedures, treatment, and other medically appropriate Title X services.

Signature of patient

Date