The Integrated Student Health Center (ISHC) is a multidisciplinary integrated care system that works together to promote health and wellness of students on this campus. The ISHC is open Monday through Friday from 8:00 a.m. until 5:00 p.m. If you need emergency medical services after hours, please contact Campus Safety at (541) 885-0911 or the city emergency number at 911 or go to the nearest local emergency room. If you have an urgent mental health matter that cannot wait until normal business hours, please call the Klamath Crisis Line at (541)884-0390 or Campus Safety at (541) 885-0911 or go to the nearest emergency room.

ELIGIBILITY: Services are available to all Oregon Tech students taking 6 or more on campus credits regardless of type of insurance coverage. In most cases, students taking fewer than 6 on campus credits have the option to pay the student health fee and receive services through the ISHC.

BILLING PRACTICES: Professional care services are provided at no cost to eligible OIT students. We DO NOT bill outside insurance. We do charge for injections, treatments, over-the-counter products, medications, medical supplies, massage therapy, laboratory tests, and other assessment studies performed in the ISHC. All charges will be posted to your student account.

MEDICARE NOTIFICATION: ISHC is not a service provider for Medicare patients.

OREGON HEALTH PLAN NOTIFICATION: The ISHC is not a primary care provider for the Oregon Health Plan (OHP), but we can write prescriptions for the OHP network.

IMMUNIZATIONS: Certain immunizations are required by State law (ORS 433.234 through 433.280) and the corresponding Administrative Rules (OAR 333-19-021 through 333-19-090) and Oregon Tech policy. Currently proof of two Measles, Mumps, Rubella (MMR) immunizations are required as well as completion of a tuberculosis exposure risk assessment. These immunizations (and TB assessment) are required for all entering students enrolled for 6 or more on campus or on-site credit hours. Proof of immunizations and a completed health history form must be submitted to the ISHC within the first four weeks of your first term or a hold will be placed on your registration for future terms.

APPOINTMENTS: Appointments are made with the receptionist either by phone or in person. Appointment length varies with the provider you are seeing and depending on the nature of your concern. When you call or come in, the receptionist may ask you a few questions to help determine the appropriate provider for you to see as well as the length of time needed for your appointment. If you need to cancel or reschedule an appointment, we ask that you give us 8 hours notice; otherwise, you will be charged a “no-show” fee of $25 (up to $285 for contracted services).

**CONFIDENTIALITY**

All services at the ISHC are confidential. Please read the statement the Notice of Privacy Practices AND the following information. Our goal is to treat you with dignity and respect. Communications between you and the ISHC staff are confidential as required (and except as limited) by law. Generally, ISHC staff may not disclose information about your treatment to another person or agency outside of the ISHC (including parents, teachers, or residence life staff) without your written consent.
Among the legally and ethically determined exceptions to this policy are:

- Providers need to disclose information necessary to prevent you from acting on plans to hurt yourself or others.
- Providers need to report suspected child abuse or elder abuse to the appropriate authorities. This does not pertain to adults relating their own story of having been abused.
- Providers need to disclose medically relevant information if you have a potential medical emergency.
- Providers need to report to the appropriate county or state authorities if you have a reportable communicable disease or if you have a condition that makes it unsafe to operate a motor vehicle.
- If your records are subpoenaed, confidential information may be disclosed in a criminal proceeding by order of a judge in a non-criminal proceeding, or if you choose to waive the privilege of confidentiality.

INTEGRATION: It is important for you to know that we work as an integrated unit within ISHC, with medical and mental health practitioners working together to support students. Therefore, any person who serves you at the ISHC has access to all of your files on a “need to know” basis. Each provider can consult with other providers as deemed appropriate within the ISHC. If you have concerns about an integrated chart, please talk with your provider.

________ I acknowledge that the ISHC staff work as an integrated unit, and that they use an integrated file system.

Sometimes you or your care provider will decide that sharing information about you and/or your particular situation with another person or agency is in your best interest. In this case, you and your provider will discuss the purpose and scope of sharing the information, and you and your provider will likely need to prepare a separate written consent form.

The ISHC is a training site for health professionals. As such, you may see a nursing student, counselor or other student in training. In such cases, you will be asked by your ISHC provider if this student may observe and/or participate in your care. You have the right to decline. Students in training in our clinic are held to the same high standard of confidentiality as all health care professionals.

On occasion, students may find themselves working alongside one of our health care providers as part of an Oregon Tech activity. In these situations, ISHC professionals take caution to protect the students’ privacy and do not reveal whether any student has received services at the ISHC. This is also true in social situations within our community.

I have read the above information or have had it read to me. I accept the ISHC’s services based upon my understanding of this information. I understand policies related to confidentiality and its limitations mentioned above.

Name (please print) ___________________________ Student I.D.# ___________________________

Signature ___________________________ Date ___________________________

If you have a question or concern regarding services or your treatment at the ISHC, please speak with your provider or the Director of the ISHC at (541) 885-1800. If you still do not feel satisfied with the response to your question or concern, please talk with the Vice President of Student Affairs at (541) 885-1011.