



**Treatment Authorization,
Permission to Share Medical Information, and Assignment of Benefits**

Treatment Authorization: Permission is hereby given to perform medical diagnostic and/or treatment procedures as may be deemed advisable or necessary by the medical staff or consultants of Georgia State University Health Clinic (SHC). I understand that I will be involved and engaged in my care and treatment. I understand that if I require specialized and/or emergency care, I will be referred to the appropriate medical facility or professional. I understand that a person listed as my emergency contact will be notified if considered necessary by the professional staff of University of Georgia.

Release of Medical Information: I authorize the release of any medical or other information necessary to help ensure that I receive appropriate services within the SRC and the Student Counseling Center.

Assignment of Benefits: I authorize payment of medical benefits to Georgia State University. I also authorize any release of medical information and other information necessary to process claims pertaining to my medical treatment. I understand it is my responsibility to inform this office of any change in my insurance coverage.

The SHC is a participating provider with GSU's Student Health Insurance Plan. Patients are responsible for providing current and accurate insurance information, for presenting a copy of their current insurance card at the time of services, and for knowing what their insurance policy covers at the SHC. Patients are also responsible for all charges for services at the SHC (**examples include charges for lab tests, prescriptions, vaccinations, and others**). Insurance information is to be supplied to the SHC by the first visit and updated annually, or whenever the insurance changes. **The SHC will file insurance claims on behalf of patients; provided, full or partial payment by insurance companies is not guaranteed and patients remain responsible for any unpaid balances.** Students may elect to pay any bill themselves in lieu of submitting a claim for insurance reimbursement. If the SHC refers all or part of the unpaid portion of any bill for collection, the student is responsible for all costs of collection, including reasonable attorney fees.

I, the undersigned student, have read, understand and agree to these terms.

Patient Name: _____ **Panther ID:** _____ **Date:** _____

If the patient is under 18 years old, the parent or guardian must sign the form.

Parent/Guardian Name: _____ **Date:** _____