

## Calvin University Health Services Authorization to Treat

Calvin Health Services is a full-service primary care office providing accessible, cost-effective, and student-focused health care to meet your needs while attending Calvin University. This includes care for acute and chronic health problems, preventative health services, and health and wellness education. The Care Team works in close collaboration with other medical colleagues in the Grand Rapids community and can coordinate referrals with consultants and provide follow-up care. The clinicians at Calvin Health Services can communicate with the primary care provider for a student who lives outside of the Grand Rapids area.

In presenting to Calvin Health Services for diagnosis and treatment, I voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment (including immunization and allergy injections), by authorized health care providers or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my condition.

If I no longer have a primary care provider, or if I am enrolled in the student health insurance plan, I am aware that the medical director, Dr. Laura Champion, MD, may be designated as my primary care provider while I am enrolled at Calvin University.

Upon graduation, Calvin Health Services may elect to manage my care for up to ninety days after my last date of enrollment. Upon withdrawal or transfer from Calvin University, Health Services may elect to refill chronic medications and/or provide acute-care treatment for up to 30 days after the last date of enrollment. If withdrawal was a result of disciplinary suspension, the facts of each case will be reviewed by the medical director to determine if access to care at Calvin Health Services is permitted after the last date of enrollment.

I am aware that regardless of my insurance status, as a Calvin student, I am eligible to be seen for care at Calvin Health Services. I acknowledge that I am responsible for all reasonable charges relating to care and treatment rendered.

\_\_\_\_\_  
Student Printed Name (first, middle initial, last)

\_\_\_\_\_  
Calvin ID #

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to student