



Florida Gulf Coast University
Student Health Services
(239) 590-7966 phone
(239) 590-7575 fax

**Acknowledgement of Fees and Charges
Consent to Provide Treatment**

Please initial to indicate you have read, understand, and consent to the following:

_____ I the undersigned in due consideration of the information provided to me, freely consent and grant permission for FGCU Student Health Services Staff to provide necessary medical or minor surgical treatment. Cases requiring specialized and or emergency care will be referred to an appropriate medical setting or professional.

Consent for FGCU Counseling and Psychological Services (CAPS) Referral/Consultation

_____ I understand that my medical provider may refer me to Counseling and Psychological Services. If I am referred to Counseling and Psychological Services for additional evaluation, I authorize Student Health Services to discuss my medical history and condition if it is relevant to my care and evaluation.

Acknowledgement of Receipt of our Notice of Privacy Practices

_____ We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. You may refuse to sign/initial this acknowledgement if you wish.

Acknowledgement of No Show Fee

_____ Patients who do not show for a scheduled appointment will be charged a \$25.00 **NO SHOW FEE**. This will automatically be charged to your FGCU account as a miscellaneous medical charge. You can avoid the No Show Fee by calling (239) 590-7966 in advance of your scheduled appointment.

Acknowledgement of Student Health Services Charges

_____ Patient visits are free but there are nominal charges (cost recovery) for medications, labs, and vaccines. We accept Cash, Check, Credit Card, Debit, and Eagle Dollars. Payment is expected at the time services are provided.

Printed Name of Patient

University ID #

Signature of Patient

Date