

*CONSENT: ALL STUDENTS MUST SIGN CONSENT*

*I understand that the Tufts University Health Service (TUHS) and the Tufts University Counseling and Mental Health Service (CMHS) respect, and to the maximum extent permitted by law, will maintain the confidentiality of any treatment information and services provided to me.*

*In the event of an emergency such as a serious illness or hospitalization if, in the professional judgment of the TUHS Medical Director or the Director of CMHS or their authorized representatives, it is reasonably necessary for my safety or the safety of others, I understand that the TUHS or CMHS may take reasonable precautions to protect me and such others, and may, if necessary, disclose information about me to the Dean of Student Affairs Office or their designees.*

*The Dean of Student Affairs, the TUHS Medical Director, or the Director of CMHS (or their respective representatives) may, in their professional judgment, notify parents, guardians, or immediate family of information necessary to protect me or specifically identified individuals at risk of harm.*

*In addition, I understand that the medical staff and mental health staff are part of one organization and will communicate with one another when appropriate to ensure continuity and quality of care.*

*I consent to treatment should I request psychological assistance on an emergency basis (eg, use of afterhours call support) and understand that a record of such request will be kept in my health record.*

*By signing electronically below, I acknowledge that I have read, understand and accept the terms of this Consent and that I intend for my electronic signature to be the legally binding equivalent of my handwritten signature.*