



Pasadena City College
Student Health Services
 1570 E. Colorado Blvd., D-105
 Pasadena, CA 91106 | (626) 585-7244

**Telehealth Consent
&
Lab Fees**

Consent for Telehealth Services & Lab Fees

During the Pasadena City College (PCC) campus closure, I consent to receive TeleHealth services with the Student Health Services (SHS) staff and providers, which may require me to use electronic devices, such as a smartphone or desktop/laptop with a two-way webcam and audio capability before, during, and after my appointment takes place. I understand that there are inherent risks, benefits, and security limitations to using these e-visit formats, including unsecured privacy at my location, and I voluntarily assume them.

- I understand that Student Health Services will take all measures possible to keep all my information private and confidential, including encryption and a HIPAA-compliant platform.
- I have read and understand the information provided above.

Digital Signature of Student or Legal Guardian of Student:

By typing your name below, you acknowledge that this constitutes a digital signature.

PRINT/TYPED NAME: **DATE:**

LANCER ID: **TELEPHONE:**

Fees: Please complete the section below only if instructed by PCC SHS Staff -----

I understand that there are fees associated with labs and/or prescriptions obtained through PCC SHS such as titers and bloodwork and that I am financially responsible for those fees as listed in the fee schedule below. I acknowledge that I will need to provide credit card information that will be manually entered into SHS's credit card machine and the signature on this form will be applicable to the receipt generated.

The fee schedule is as follows:

Please note that not all these labs will be required. Only the ones needed for your school, program, or as recommended by PCC SHS clinical staff will be ordered. Fees will be explained during your consultation.

Lab Fee: \$4⁰⁰* (*per laboratory visit)

Health Sciences Admin Fee: \$21⁰⁰ (Fall/Spring) --- \$18⁰⁰ (Winter/Summer)

#305806 - \$20 ⁰⁰	#11363 - \$39 ⁰⁰	#8475 - \$6 ⁰⁰	#964 - \$5 ⁰⁰	#23491 - \$17 ⁰⁰ *
#6399 - \$4 ⁰⁰	#36126 - \$4 ⁰⁰	#498 - \$7 ⁰⁰	#802 - \$4 ⁰⁰	*If any confirmatory tests are added, the fee is \$23 ⁰⁰ per confirmation test
#899 - \$6 ⁰⁰	#8181 - \$5 ⁰⁰	#501 - \$8 ⁰⁰	#4439 - \$5 ⁰⁰	BC RX: \$8 ⁰⁰
#3021 - \$8 ⁰⁰	#508 - \$10 ⁰⁰	#8472 - \$8 ⁰⁰	#14505 - \$19 ⁰⁰	Antibiotics: \$3 ⁰⁰ - \$14 ⁰⁰
#11361 - \$20 ⁰⁰	#512 - \$8 ⁰⁰	#8624 - \$13 ⁰⁰	#36970 - \$48 ⁰⁰	

Consent to Discuss/Release Test Results:

- I consent to have a SHS clinical team member contact me via electronic devices to discuss and review laboratory results.
- I will complete the Authorization to Release Health Information form to obtain a physical copy of my results via postal mail or fax and submit it to PCC SHS.

Digital Signature of Student or Legal Guardian of Student:

By typing your name below, you acknowledge that this constitutes a digital signature. It also authorizes PCC SHS to charge my credit card for payment of the services provided by PCC SHS. I understand that my credit card information will not be saved to my student file for future transactions usage.

PRINT/TYPED NAME: **DATE:**

LANCER ID: **TELEPHONE:**