

Request a specific CAPS ROI ON PATIENT PORTAL

1: On Patient Portal (<https://chconline.ucr.edu>), from “Forms”, click a link to go to “Messages” page.

Student Health & Counseling Services Jane Applicant

Home
Profile
Health History **Need to Review**
Appointments
Groups/Workshops
Referrals
Handouts
Messages **1 Unread**
Letters
Forms **2 to Complete**

Welcome to Student Health and Counseling Services for Jane Applicant

Name: Applicant, Jane
School: Natural and Agricultural Sci
ID Number: 860779577

Below is a list of forms you may be asked to complete by Student Health or Counseling Services at your appointment.
The required forms for incoming students are the Student Immunization Record and the Incoming Student TB Screening.

- Counseling Center Notice of Privacy Practices 19/20
- Counseling Center Informed Consent 19/20
- Counseling Center Insurance ROI 19/20
- Incoming Student TB Screening (REQUIRED)
- Student Immunization Records (REQUIRED)

Release of Information (Please go to "New Message" to complete the form.)

Form Name	Status
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Or from “Message” page, student can click the “New Message” button, then chose the option of “Request a Release of Information”.

Student Health & Counseling Services

Secure Messages Inbox

New Message Refresh

Read	From	Date
	Wendy Alexis	4/1/2020 3:16
	LI, JING	3/20/2020 9:1
✓	MONDRAGON, ELIZABETH PSYD	3/20/2020 8:5

Select Communication Option

Please choose from the following options:

- Request a Prescription Refill from the Pharmacy. I should have remaining refills available.
- Complete Travel Questionnaire
- Complete STI Self Screening without an appointment
- Submit Same Day Fee Waiver
- Submit Missed/Late Appointment Appeal
- Send a message to the Insurance Department
- Submit UCR SHIP Denied Waiver Appeal Form or Waiver Cancellation Form
- Complete CAPS Supervision Disclosure Form
- Request a Release of Information.
- Request a Student Affairs Case Management (SACM) FERPA Release Form

Continue Cancel

2. On the next page, choose Counseling and Psychological Services (CAPS) Release of Information.

Select One

- Student Health Services (SHS) Release of Health Information**
(SHS) Only services rendered by SHS staff will be released.
If services rendered by CAPS staff, please use the following CAPS ROI form.
- Counseling and Psychological Services (CAPS) Release of Information**
- Case Management (SACM) Release of Information**

3. On the following page, select the appropriate CAPS Release of Information form (e.g. general/blank Release of information or specifically for Student Disability Resource Center, etc.)

Select One

- CAPS Release of Information
- CAPS Release of Information for Student Disability Resource Center

4. Complete the form by composing a new secure message and it will be sent to a generic provider "CAPS, DOCUMENT" that will be available to your therapist.

Compose New Secure Message

Recipient: CAPS, DOCUMENT
Message Type: CAPS ROI SDRC
Subject:
Attachments:

Items marked with **are required.

University of California Riverside

Counseling and Psychological Services (CAPS)

Veitch Student Center, North Wing

900 University Avenue

Riverside, CA 92521

Authorization for Release and Exchange of Health Information

Patient Information

** Name (Last, First):

** Student Id#:

** Date of Birth (MM/DD/YYYY):

** Phone:

** Address:

** City:

** State:

** Zip:

I authorize: (Person or facility which has medical and/or mental health information)

Counseling and Psychological Services Health Service Building, North Wing

Riverside CA 92521

951-827-5531

Fax 951-827-2015

To release and exchange medical and/or mental health information to: (Person or facility to receive and exchange medical and/or mental health information)

Student Disability Resource Center 125 Costo Hall Riverside CA 92521

951-827-3861

Fax 951-827-4218

Email sdrc@ucr.edu

**

Type of disclosure:

- Verbal communication
- Copies of Records
- Attendance Verification

**

Please specify the information you authorize to be released:

- Mental health information (Subject to the Lanterman-Petris-Short Act, Welf & Inst. Code §5000 et seq.).
- Medical (This may include drug/alcohol and mental health information documented by a primary care practitioner)

Type (s) of information, if not specified above (e.g. Summary Report):

Specify date(s) of treatment, time period or condition:

Limitations upon disclosure (e.g. attendance only):

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The purpose of this release is:

- At the request of the client/patient/patient representative
- Other (state reason)

Reason:

Expiration and Validity of Authorization:

Unless otherwise revoked, this Authorization expires on 

If no date is indicated, this Authorization will expire twelve (12) months after the date of my signing of this form.

NOTICE:

UCR and many other organizations and individuals such as physicians, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

YOUR RIGHTS:

This Authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this Authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) solely to create health information to provide to a third party.

This Authorization may be revoked at any time. The revocation must be in writing, signed by you or your client/patient representative, and delivered to the UCR Counseling and Psychological Services. The revocation will take effect when UCR receives it, except to the extent UCR or others have already relied on it. You are entitled to receive a copy of this Authorization.

By sending this message, I hereby consent to the release and exchange of information as outlined above and acknowledge that I have read and agree with the information provided above.

Please press the "Send" button below when you have completed the form and sent the message. If you have forgotten to complete any required fields, an information box will be displayed at the top of the form and you will need to scroll down the page to find and complete the missing information.

Send

Cancel