



UNIVERSITY OF OREGON

Parent/Guardian Form

UO Health Plan Enrollment Form: International Minor Student

The UO Health Plan is comprehensive health insurance, offered through PacificSource, which provides coverage for services on campus as well as locally and nationally. For specific plan information, conditions of enrollment and costs refer to the University Health Center Website at healthcenter.uoregon.edu/insurance.

Student's Name: _____ Date of Birth: _____ UO ID: _____

I have read and agree to all of the conditions of enrollment and understand that my child's University of Oregon account will be billed for the cost of enrollment in the UO Health Plan as outlined in the plan documents.

I hereby consent to the University of Oregon, including any of its school officials, releasing educational records (which refer to medical records in this instance) as stated below:

Specific records to be released: Records relating to:

- (1) billing third parties for health care services provided them; or
- (2) paying for health care services provided to them.

Purpose for the release: To bill for or to pay for health care services provided to them.

Party or class of parties to whom the records are being released:

- (1) Health care providers who have provided treatment to them;
- (2) insurance companies that are obligated to pay for health care services provided to them; and
- (3) other third parties that process payment for health care services provided to them.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____