



Regis College

Center for Health and Wellness

Dear Incoming Regis Student:

The Regis College Center for Health and Wellness would like to welcome you to Regis.

Massachusetts law and Regis College require that **prior to a student's arrival on campus** all incoming students provide proof of immunizations and submit their health forms. **Students must complete and upload all required medical documentation to CastleBranch, an online record management system.** Please refer to pages 2 and 3 for step-by-step instructions. **Regis athletes** must complete this process **in addition to** the athletic department requirements.

Due Dates:

All health records must be uploaded to CastleBranch by:

- Monday, July 31, 2023 for fall enrollment
- Tuesday, January 2, 2024 for spring enrollment

Students must provide all required health records, including vaccination records, by the due dates. Failure to comply with that deadline could result in consequences which may include, but are not limited to, removing you from your current courses, restricting your access to Moodle, and/or preventing you from registering for future courses. Students are responsible for complying with this deadline **without exception.**

Your health information is confidential and protected by state and federal laws. The information you submit is maintained by the Regis College Center for Health and Wellness in the strictest confidence. Privacy regulations prevent Regis College from releasing or discussing any health information without your written consent, except when there is imminent danger to you or to others, or where permitted by law.

If you have **a medical condition, chronic illness or concerning allergy**, we encourage you to contact the Regis College Center for Health and Wellness at **781-768-7290** to schedule a **free consultation with one of our health care providers** to discuss how we may be helpful.

All enrolled Regis College students who study on the Weston Campus are welcome to utilize our **confidential counseling center** by calling the Center of Health and Wellness to schedule an appointment. Students are offered twelve free sessions of counseling each academic year.

For students seeking accommodations, (physical, psychological or learning): please contact the Office of Accessibility Services by phone at 781-768-7384 or email: accessibility@regiscollege.edu.

If you have any questions or concerns, please call the Regis College Center for Health and Wellness at (781) 768-7290.

Sincerely,

Tammi Magazzu, RN, WHNP-BC
Associate Dean and Medical Director
Regis College Center for Health and Wellness

How to use CastleBranch

Setting up your CastleBranch account:

1. Go to CastleBranch.com
2. Select: *Place an order* (top right)
3. Enter Package Code: *EP47* (letters *E* and *P*, and numerals *4* and *7*). Package cost is \$43.00
4. Accept the Terms and Conditions of Use and select *Continue*
5. Enter student's *Regis email address* (which will then become the *myCB* username) along with the required personal information to complete the order

Log into CastleBranch and download the required forms for printing:

Regis College Health Forms and Instructions Packet (13 pages in total) can be downloaded from Requirement #1 of the To Do List.

Uploading required documentation:

The most effective way to upload a document to CastleBranch is to scan it and save it as a PDF or take a clear photo, and upload the PDF or photo to the requirement. ***Please note:*** all uploads must be **clear and legible, and meet the requirements or they will be rejected.**

1. **Regis Health Forms and Instructions Packet:** Download and print the entire Regis Health Forms and Instructions Packet.
2. **Demographic Form:** Please complete and upload **page 4** of the Health Forms Packet.
3. **Health Insurance and Consents Form:** Please complete and upload **page 5** of the Health Forms Packet. **In addition to this form, please include a copy of the front and back of the student's medical insurance card.** Completed page 5 and a copy of the front and back of the card must be scanned and uploaded together as one document.

Immunizations (requirements 4-7): The immunization form (**page 6** of the Health Forms Packet) or a pre-printed form from a health care provider may be used. If the Regis immunization form is used, it must be signed by a health care provider. If a provider's pre-printed form is used, the student's name, date of birth and the health care provider's name must appear on the document. ***Important: If the immunization record has multiple pages, please upload the entire immunization document for each vaccine requirement listed below.***

4. **MMR (Measles (Rubeola), Mumps, Rubella):**
5. **Varicella (Chicken Pox):**
6. **Hepatitis B:**
7. **Tdap (Tetanus, Diphtheria, Pertussis):**
8. **Tuberculosis (TB) Questionnaire and Testing Forms:** Please refer to **pages 7, 8 and 9** of the Health Forms Packet.



ADDITIONAL INFORMATION

- Once all documents have been uploaded, the status for each line item on the To Do List in CastleBranch will be shown as, **PENDING REVIEW**.
- CastleBranch personnel will review each line item to ensure that the appropriate information has been uploaded.
- If the uploaded documents ***meet the requirements***, the status for the line item on the To Do List in CastleBranch will be changed from **PENDING REVIEW** to **COMPLETE**.
- If the uploaded documents ***do not meet the requirements***, the status for the line item on the To Do List in CastleBranch will be changed from **PENDING REVIEW** to **REJECTED**. The reason for the rejection can be found under the word **REJECTED**.
- To ***upload corrected information*** for any line item, a student ***must re-upload ALL pages for that particular CastleBranch requirement***. For example, if a student did not submit a front and back copy of a health insurance card along with page 5, the requirement will be rejected. A student must upload Page 5 **AND** a copy of the front and back of the medical insurance card again.
- For questions, please contact Edward Hand, Regis College Center for Health and Wellness Compliance Coordinator at 781-768-7290 or email him at health.services@regiscollege.edu.
- For CastleBranch account support, contact the CastleBranch service desk directly at 888-723-4263.



DEMOGRAPHIC FORM

Name: _____ Date of Birth: ____/____/____
Last First MI Month Day Year

Sex assigned at birth: _____ Gender Identity: _____

Permanent Address: _____
Street City State Zipcode Country

Birthplace (country): _____

Home Telephone: (____) _____ Student's Cell: (____) _____

Regis Student's ID#: _____ Resident _____ Commuter _____

Regis Email: _____ Regis Athlete: No ___ Yes ___ Sport: _____

Date entering Regis: _____ Expected Date of Graduation: _____

Nursing or Health Science student: No ___ Yes ___

Parent/Legal Guardian #1

Name: _____

Relationship: _____

Home phone number: (____) _____

Cell Phone: (____) _____

Parent/Legal Guardian #2

Name: _____

Relationship: _____

Home phone number: (____) _____

Cell Phone: (____) _____

PRIMARY EMERGENCY CONTACT (1st person to call):

Name: _____

Address: _____

Daytime phone: (____) _____

Evening phone: (____) _____

Relationship to student: _____

ALTERNATE EMERGENCY CONTACT:

Name: _____

Address: _____

Daytime phone: (____) _____

Evening phone: (____) _____

Relationship to student _____



HEALTH INSURANCE AND CONSENTS FORM

PRIMARY HEALTH INSURANCE INFORMATION

Health insurance company name: _____

Health insurance company address: _____

Insurance phone number: _____

Group name: _____

ID#: _____ Group#: _____

Name of subscriber: _____ Subscriber DOB: ____/____/____ Relationship to insured: _____

Primary care physician: _____ Physician phone number: _____

It is the responsibility of the student to obtain referrals or authorization, as required by your insurance company, for payment of services.

Student is responsible for all charges that are not covered by health insurance.

Please upload a copy of your insurance card (front and back).

Note: This is NOT a waiver for the Regis student health insurance.

MASSACHUSETTS IMMUNIZATION INFORMATION SYSTEMS (MIIS)

Regis College Health Services is required by law (M.G.L. c. 111, Section 24M) to participate in the Massachusetts Immunization System (MIIS) which is a confidential, electronic system that collects and stores vaccination records for Massachusetts resident of all ages. This program is operated by the Massachusetts Department of Public Health and is designated to help you along with your health care providers, schools and childcare centers, to keep track of the vaccinations that you have received. All residents of Massachusetts, including Regis College Students, will have their vaccine information entered into the MIIS. Your name, address, gender, date of birth, and health care provider's information will be entered to identify you within the MIIS. All this information given through MIIS is secure and confidential. Massachusetts's residents have the right to limit who may see their or their child's information in the MIIS. If you prefer that your or your child's immunization history not be shared with other health care providers who use MIIS, please complete the MIIS Objection Form (mass.gov/eohhs/docs/dph/cdc/immunization/miis-objection-form.pdf)

CONSENT FOR MEDICAL TREATMENT

I grant permission to the staff of Regis College Center for Health and Wellness to provide medical treatment for illness, injury, immunizations or preventative care to the above named student. This includes emergency treatment (including transport to a local hospital, surgery and anesthesia) in the event of a serious illness or injury when parent or guardian cannot be reached. I also give consent for psychological and/or medical treatment, including medication, if necessary, should this student request such treatment while a student at Regis.

Student's Name (please print): _____ Student's Signature (Required): _____ Date: ____/____/____

Parent/Guardian's Name (please print): _____ Parent/Guardian's Signature (Required): _____ Date: ____/____/____

(Parent/guardian signature required for all students under the age of 18)

CONSENT TO SHARE HEALTH INFORMATION

In order to monitor the health of students, faculty, and staff, Regis College, discloses individual health information to certain partners and government agencies. Specifically, Regis College discloses health information to entities that operate systems or software programs that enable Regis College to monitor concerning symptoms, health testing, and vaccinations across the community. By signing below, I grant Regis College permission to make these disclosures.

Student's Name (please print): _____ Student's Signature (Required): _____ Date: ____/____/____

Parent/Guardian's Name (please print): _____ Parent/Guardian's Signature (Required): _____ Date: ____/____/____

(Parent/guardian signature required for all students under the age of 18)



REGIS COLLEGE CENTER FOR HEALTH AND WELLNESS IMMUNIZATIONS FORM:

Required Vaccines	Dates Received	MA State Requirements
Hepatitis B (may be Hepatitis B OR Hepatitis A/B combined)	Vaccine Name: _____ #1 ____/____/____ #2 ____/____/____ #3 ____/____/____ OR Positive Titer HBsAB Date: ____/____/____ (copy of lab result required)	3 doses; laboratory evidence of immunity acceptable; 2 doses of Hepisav-B given on or after 18 years of age are acceptable.
Meningococcal Quadrivalent 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger.	Vaccine Name: _____ Single Dose: ____/____/____ OR Signed Waiver: _____	1 dose; The dose of MenACWY vaccine must have been received on or after the student's 16th birthday. Students may decline MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided in this packet. Meninococcal B vaccine is not required and does not meet this requirement.
MMR (Measles, Mumps, Rubella) OR individual vaccines or titers: <ul style="list-style-type: none"> • Measles • Mumps • Rubella 	#1 ____/____/____ #2 ____/____/____ #1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____ #1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____ #1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____ (copy of lab results required)	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; laboratory evidence of immunity acceptable. Birth in the U.S. before 1957 acceptable only for non-health science students.
Tdap (Tetanus, Diptheria, Pertussis)	Tdap: ____/____/____ *If greater than 10 years ago , must also provide date of recent Td: ____/____/____ or Tdap: ____/____/____	1 dose; and history of a DTaP primary series or age-appropriate catch-up vaccination. Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥ 10 years since Tdap.
Varicella	#1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____ (copy of lab results required) OR History of disease: Yes ____ No ____ Date: ____/____/____	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; history of chicken pox as documented by clinician or laboratory evidence of immunity is acceptable. Birth in the U.S. before 1980 acceptable only for non-health science students.
STRONGLY RECOMMENDED & ADDITIONAL IMMUNIZATIONS	Dates Received	Standing Dosing
Influenza	Vaccine Name: _____ Single Dose: ____/____/____	Single dose for 2023-2024 influenza season
Meningococcal Group B MenB-4C (Bexsero) OR MenB-Fhbp (Trumenba)	Vaccine Name: _____ #1 ____/____/____ #2 ____/____/____ #1 ____/____/____ #2 ____/____/____ #3 ____/____/____	Bexsero: 2 doses at least one month apart Trumenba: 3 doses at 0, 3 and 6 month intervals
Human Papillomavirus (HPV)	Vaccine Name: _____ #1 ____/____/____ #2 ____/____/____ #3 ____/____/____	3 doses at 0, 3 and 6 month intervals
Hepatitis A OR Hepatitis A & B Combined	Vaccine Name: _____ #1 ____/____/____ #2 ____/____/____ #1 ____/____/____ #2 ____/____/____ #3 ____/____/____	Hepatitis A: 2 doses at least 6 months apart Hepatitis A & B Combined: 3 doses given at 0, 3 and 6 month intervals.
COVID-19 Vaccines:	Vaccine Name: _____ Date: ____/____/____ Vaccine Name: _____ Date: ____/____/____ Vaccine Name: _____ Date: ____/____/____ Vaccine Name: _____ Date: ____/____/____	COVID-19 vaccines per CDC recommendations.

HEALTH CARE PROVIDER'S SIGNATURE:

Health care Provider's Name (Please Print): _____ Signature: _____

Date: ____/____/____

Address: (Including City and State): _____

Phone: (____) _____ Fax: (____) _____

TUBERCULOSIS (TB) QUESTIONNAIRE AND TESTING FORMS

Please refer to this list of countries/territories with high TB incidence when responding to the questions below.

Afghanistan	Colombia	Haiti	Mongolia	Singapore
Algeria	Comoros	Honduras	Morocco	Solomon Islands
Angola	Congo	India	Mozambique	Somalia
Anguilla	Democratic People's Republic of Korea	Indonesia	Myanmar	South Africa
Argentina	Democratic Republic of the Congo	Iraq	Namibia	South Sudan
Armenia	Djibouti	Kazakhstan	Nauru	Sri Lanka
Azerbaijan	Dominica	Kenya	Nepal	Sudan
Bangladesh	Dominican Republic	Kiribati	Nicaragua	Suriname
Belarus	Ecuador	Kuwait	Niger	Tajikistan
Belize	El Salvador	Kyrgyzstan	Nigeria	Thailand
Benin	Equatorial Guinea	Lao (People's Democratic Republic)	Niue	Timor-Leste
Bhutan	Eritrea	Latvia	Northern Mariana Islands	Togo
Bolivia (Plurinational State of)	Eswatini	Lesotho	Pakistan	Tokelau
Bosnia and Herzegovina	Ethiopia	Liberia	Palau	Tunisia
Botswana	Fiji	Lithuania	Panama	Turkmenistan
Brazil	French Polynesia	Madagascar	Papua New Guinea	Tuvalu
Brunei Darussalam	Gabon	Malawi	Paraguay	Uganda
Bulgaria	Gambia	Malaysia	Peru	Ukraine
Burkina Faso	Georgia	Maldives	Philippines	United Republic of Tanzania
Burundi	Ghana	Mali	Qatar	Uruguay
Côte d'Ivoire	Greenland	Malta	Republic of Korea	Uzbekistan
Cabo Verde	Guam	Marshall Islands	Republic of Moldova	Vanuatu
Cambodia	Guatemala	Mauritania	Romania	Venezuela (Bolivarian Republic of)
Cameroon	Guinea	Mexico	Russian Federation	Vietnam
Central African Republic	Guinea-Bissau	Micronesia (Federated States of)	Rwanda	Yemen
Chad	Guyana		Sao Tome and Principe	Zambia
China, Hong Kong SAR			Senegal	Zimbabwe
China, Macao SAR			Sierra Leone	

Sources: World Health Organization Global Health Observatory, Tuberculosis Incidence 2020. Countries with incidence rates ≥ 20 cases per 100,000 population.
ACHA Guidelines: Tuberculosis Screening and Targeted Testing of College and University Students

PART 1: TUBERCULOSIS SCREENING QUESTIONS: (TO BE COMPLETED BY INCOMING STUDENT)		YES	NO
#1	Have you ever tested positive for Tuberculosis (TB) <i>If yes, when:</i> _____		
#2	Have you ever had close contact with persons known or suspected to have active TB disease? <i>If yes, when:</i> _____		
#3	Were you born in a country or territory with high TB rate (this includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe)? If you are uncertain, please refer to list above. <i>If yes, what country?</i> _____ <i>Date of entry to U.S.:</i> ____/____/____		
#4	Have you had frequent or <i>prolonged visits</i> to one or more of the countries or territories with high TB rate (this includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe)? If you are uncertain, please refer to the list above. The significance of the travel exposure should be discussed with a health care provider and evaluated. <i>If yes, what country?</i> _____ <i>When:</i> _____		
#5	Have you been a resident, volunteer and/or employee of high-risk congregate settings including correctional facilities, long-term care facilities, and/or homeless shelters, rehabilitation facility?		
#6	Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?		
#7	Have you been a member of any of the following groups that may have increased risk of latent TB infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?		
Date of Form Completion: ____/____/____			

- If the answer to all of the above questions is **NO**, no further testing or further action is required at this time. You do not need to complete pages 8 and 9 of this packet. Page 7 is the only page you will have to upload to CastleBranch.
- If the answer is **YES to question 1**, **No additional TB testing** (TST, IGRA) should be performed. **HOWEVER**, your health care provider must complete pages 8 and 9 with additional testing and/or documentation as needed. **Pages 7, 8 and 9 must be uploaded together.**
- If the answer is **YES to any of the questions 2-7**, Regis College requires that you receive **TB testing within 6 months prior to the start of the semester**. Your health care provider must complete pages 8 and 9 with additional testing and/or documentation as needed. **Pages 7, 8 and 9 must be uploaded together.**



TUBERCULOSIS (TB) QUESTIONNAIRE AND TESTING FORMS

PART 2: TUBERCULOSIS RISK ASSESSMENT: TO BE COMPLETED BY A HEALTH CARE PROVIDER

YES

NO

Please review and verify the information in **Part 1, TB Screening Questions** on the previous page. Per the CDC, TB blood tests are the preferred method of TB testing for people who have received the BCG vaccine.

#1	Does the person have a history of a positive TB skin or IGRA blood test? Date of Test: _____ Type of TB test: _____ <i>If yes</i> , please complete all sections of pages 2 and 3, as applicable.		
#2	Does the person have a history of receiving the Bacillus Calmette-Guerin (BCG) vaccine? <i>If yes</i> , consider IGRA if possible.		
PART 3: TUBERCULOSIS SYMPTOM SCREENING: TO BE COMPLETED BY A HEALTH CARE PROVIDER		YES	NO
#1	Coughing for more than 2-3 weeks?		
#2	Coughing up blood? (hemoptysis)		
#3	Weight loss of more than 10 pounds for no known reason?		
#4	Fever of 100°F (or 38°C) for over 2 weeks?		
#5	Unusual or heavy sweating at night?		
#6	Unusual weakness or extreme fatigue?		

If YES to any of the above questions, in **Part 3**, student must proceed with additional evaluation to exclude active tuberculosis disease. **Your health care provider must complete pages 8 and 9 with additional testing and/or documentation as needed.**

PART 4: TUBERCULIN SKIN TEST (TST): TO BE COMPLETED BY A HEALTH CARE PROVIDER

TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors, see interpretation guidelines below.

Date Planted: ____/____/____ Time Planted: _____ Site Planted: _____ Manufacturer: _____

Lot Number: _____ Expiration Date: ____/____/____ Planted by: _____

Date Read: ____/____/____ Time Read: _____ Result: MM of induration: _____ Read By: _____

INTERPRETATION OF TUBERCULIN SKIN TEST: (Please use table below and circle response) **Negative / Positive.**

>5 mm is positive:

- recent close contacts of an individual with infectious TB
- persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month.)
- HIV-infected persons

>10 mm is positive:

- Foreign born or travelers to the U.S. from high prevalence areas or who resided in one for a significant* amount of time
- injection drug users
- mycobacteriology laboratory personnel
- residents, employees, or volunteers in high-risk congregate settings
- persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemia and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight.

>15 mm is positive:

- persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

TUBERCULOSIS (TB) QUESTIONNAIRE AND TESTING FORMS				
PART 5: INTERFERON GAMMA RELEASE ASSAY (IGRA): TO BE COMPLETED BY A HEALTH CARE PROVIDER				
Date of Test: ____/____/____ Type of Test: <input type="checkbox"/> QuantiFERON-TB Gold Plus <input type="checkbox"/> T-Spot <input type="checkbox"/> other Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Borderline (T-spot only) Please attach a copy of the lab report.				
PART 6: CHEST X-RAY (Required if TST or IGRA is POSITIVE: TO BE COMPLETED BY A HEALTH CARE PROVIDER)				
A chest x-ray is required if TST or IGRA is positive. Note: a single PA view is indicated in the absence of symptoms. Date of Chest x-ray: ____/____/____ Result: <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal Interpretation: _____ Please attach a copy of the written chest x-ray report				
PART 7: MANAGEMENT OF POSITIVE TST OR IGRA: TO BE COMPLETED BY A HEALTH CARE PROVIDER				
In deciding whether to recommend treatment of LTBI to individual patients, the clinician should weigh the likelihood of infection, the likelihood of progression to active tuberculosis infection, and the benefit of therapy. Student in the following groups are at increased risk of progression from LTBI to active TB disease and should be prioritized to begin treatment as soon as possible. <ul style="list-style-type: none"> <input type="checkbox"/> Infected with HIV <input type="checkbox"/> Recently infected with M. tuberculosis (within the past 2 years) <input type="checkbox"/> History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease. <input type="checkbox"/> Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation <input type="checkbox"/> Diagnosed with silicosis, diabetes mellitus. Chronic renal failure, leukemia, or cancer of the head, neck or lung <input type="checkbox"/> Have had a gastrectomy or jejunioileal bypass <input type="checkbox"/> Weigh less than 90% of their ideal body weight <input type="checkbox"/> Cigarette and e-cigarette smokers and persons who abuse drugs and/or alcohol 				
PART 8: MANAGEMENT OF POSITIVE TST OR IGRA: MEDICATION SECTION: TO BE COMPLETED BY A HEALTH CARE PROVIDER			YES	NO
#1	Was the patient educated and counseled on latent tuberculosis and advised to take medication because of the positive results?			
#2	Did the patient decline treatment at this time?			
#3	Did the patient agree to receive treatment at this time? • Indicate medication(s) prescribed: Start Date: ____/____/____ End Date: ____/____/____ _____ _____ _____ _____ • Students with a history of a positive TB test, who have not been treated for latent TB, must have an annual symptom review with a health care provider.			
PART 9: SIGNATURE OF HEALTH CARE PROVIDER				
Signature of Health Care Provider		Printed Name	Date	
Mailing Address		Office Phone	Office Fax Number	

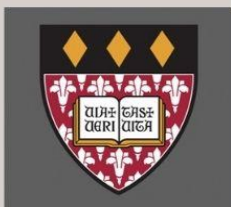
STUDENT MEDICAL RECORD

A student's health information is confidential and protected by State and Federal Laws. Regis Health Services respects student confidentiality and is dedicated to protecting student rights.

A student's medical record is the property of Regis College Center for Health and Wellness. Privacy regulations prevent us from releasing any health information without written consent of the patient, or where otherwise permitted by law.

We are required by law to obtain a signed informed consent for release of information. As custodian of your medical record, we must therefore review your record before we copy it. If there is any mention of drug/alcohol abuse, sexual assault, sexually transmitted disease, physical abuse, HIV, AIDS, abortion or mental health treatment, you will be required to state in writing if you do or do not want that information released. The law restricts the recipient of health information from further disclosure. This means that we cannot make copies of records that we received from your previous providers, and you will have to request copies from them.

Requests for copies from Health Services may necessitate a search through old records and may take up to 7 business days to process.



REGIS COLLEGE

CENTER FOR HEALTH AND WELLNESS

**SERVING THE STUDENTS, FACULTY, AND
STAFF OF REGIS COLLEGE**

Clinic Hours:

Monday from 9 AM to 7 PM

Tuesday through Friday 9 AM to 4 PM



Health Services Team:

Tammi Magazzu - Medical Director, WHNP

Rebecca Hill - Clinical Care Leader, FNP

Margaret Duggan - WHNP

Erin Tetler - FNP

Cheryl Murphy - RN

Amy Bouvier - RN

Beth DeArias - Administrative Assistant

Stacey Cloutman - Billing Coordinator

Eddie Hand - Compliance Coordinator

Conditions Treated & Services Offered:

Services are billed through the student's insurance

Sore throats, coughs, earaches, cold and flu

Eye infections, irritations, or injuries

Asthma, bronchitis, pneumonia

Vomiting and diarrhea

Wounds, dressing changes, suture removal

Minor sprains or strains

Muscle aches or pains

Urinary issues

Routine gynecological exams

Gender-related health issues

Other minor illnesses or injuries

Physical exams (work, school, sports, camp, and clearances

Strep Testing (Rapid & Culture)

Mono Testing

COVID-19 rapid testing

Splinting

Phlebotomy Lab Services

Immunizations & Flu Shots

TB testing

INFORMATION REGARDING MANDATORY HEALTH FORMS FOR INCOMING STUDENTS CAN BE FOUND AT: WWW.REGISCOLLEGE.EDU. IN THE SEARCH FIELD LOCATED AT THE TOP RIGHT OF THE HOME PAGE, TYPE "IMMUNIZATION AND HEALTH FORMS".

PHONE: 781-768-7290

FAX: 781-768-7288

EMAIL: HEALTH.SERVICES@REGISCOLLEGE.EDU

235 WELLESLEY STREET

WESTON, MA 02493

COUNSELING SERVICES

The Counseling Center is dedicated to supporting the educational mission of Regis College by providing professional mental health services to students. All enrolled Regis College students who study on the Weston Campus are welcome to utilize our confidential counseling center by visiting the Center for Health and Wellness. Students are offered twelve free sessions of counseling each academic year. Sessions after the first twelve are provided at the counselor's discretion based on clinical necessity. Mental Health professionals are on campus daily (Monday through Friday) and services are available year-round. Students located in Massachusetts can choose to have video counseling sessions if clinically appropriate.

Clinic Hours

- Monday 9 a.m. to 5 p.m.
- Tuesday 9 a.m. to 5 p.m.
- Wednesday 9 a.m. to 5 p.m.
- Thursday 9 a.m. to 5 p.m.
- Friday 9 a.m. to 4 p.m.

Evening hours are available by Telehealth on Mondays and Wednesdays



Counseling Services Team

Kathryn S. Klickstein - Director of Counseling

Serena Cardoso - Assistant Director of Counseling

Lindsay Miller - Counselor

Stacey Villeda - Counselor

We offer individual counseling, consultations, mental health assessments, substance abuse assessments and counseling, medication evaluation and management, coordination with outside professionals, referrals to off-campus services, wellness groups and workshops.

Appointments

Stop by Health Services or call 781.768.7290 to schedule an appointment. Same day appointments are available as needed. For all mental health emergencies after clinic hours, contact the Regis College Police Department at 781.768.7777

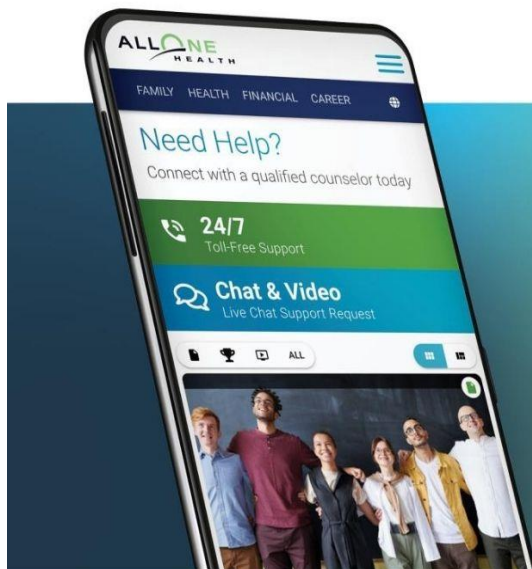
For urgent counseling issues and to speak with a member of our counseling staff when the Center for Health and Wellness is closed, please contact the Regis College Police Department at 781.768.7111 and ask to be connected to the on-call Student Affairs staff member

After Hours Counseling

All Regis students are welcome to use our Student Assistance Program (formerly called Talk One2One). This Student Assistance Program from AllOne Health provides students with 24/7 instant access to phone counseling with a mental health professional.

For 24/7 "in the moment support" with a mental health professional call:
800.756.3124

EMAIL:
COUNSELING.SERVICES@REGISCOLLEGE.EDU



Introducing Your Student Portal

Browse benefits. Request services.
Enjoy 24/7/365 access.

Your Assistance Program offers a wide range of benefits to help improve mental health, reduce stress and make life easier—all easily accessible through your student portal.

Request a Mental Health Session

Request counseling by submitting an online form or live chat. Choose from in-person or virtual counseling options to meet your needs.

Request Referrals & Resources

Submit a request for family care and lifestyle support including childcare and eldercare referrals, legal and financial consultation, personal assistant referrals and medical advocacy consultation.

Explore Thousands of Self-Care Articles & Resources

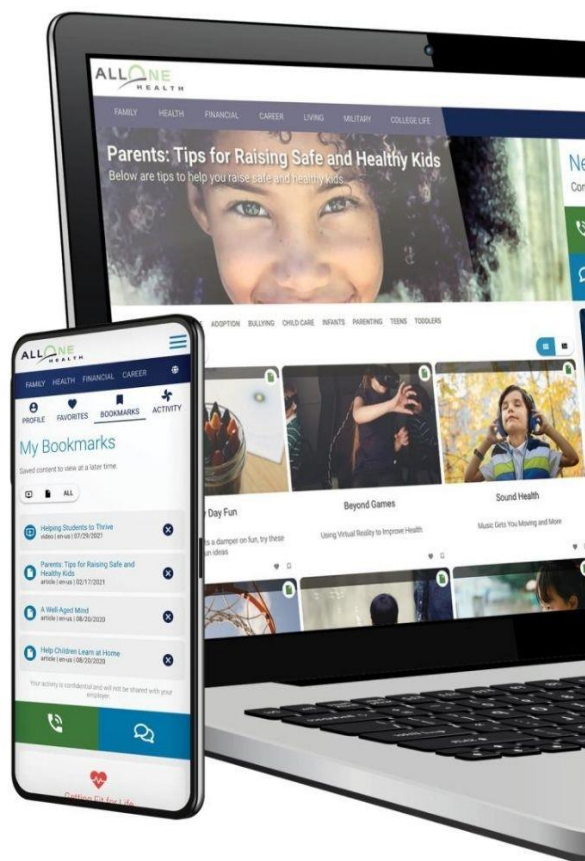
Health and lifestyle assessments, interactive checklists, soft skills courses, podcasts, resource locators, exclusive discounts, and expansive articles on whole health and well-being.

Visit Your Online Financial Center

Featuring worksheets, calculators, and a wide range of financial resources and tools to help reach personal goals and build financial wellness.

Getting Started Is Easy

1. Visit: <https://myassistanceprogram.com/students> and click on "Log In to the Student Portal"
2. Register to create a new account using your institution code: **regissa**
3. A confirmation email will be sent to complete the process



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Visit: <https://myassistanceprogram.com/students>
Code: regissa

ALL ONE
HEALTH