

PART D - Self-Care Plan

Medical/Mental Health Release of Information

I understand that medical information is confidential and protected by federal and state privacy regulations, and I also understand that I may consent to the release of any and all of my health care information. I request and authorize my provider to release any and all medical or mental health care information to Pacific Lutheran University's (PLU's) Wang Center, Health Center, Counseling Center, and/or Office of Accessibility and Accommodation as PLU may request. If I have been diagnosed or treated for HIV (AIDS virus), psychiatric disorders/mental health, or drug and/or alcohol use, my provider is specifically authorized to release all health care information relating to such diagnosis or treatment. This release is in effect from the date this document is signed through the date that travel relating to the program is completed.

Student Signature: _____ Date: _____

Given the health issue(s) that I have discussed with my health provider, here are some of the **challenges** that might arise within the context of my chosen study away program:

1. _____
2. _____
3. _____

Given the potential challenges, I have worked with my health provider to create a study away care plan that includes prevention, reasonable identification of warning signs and coping plans if in various levels of distress.

Routines/Prevention: Here are important steps to take on an ongoing basis to help best set myself up for success. Consistent use of the following behaviors will contribute to my success in this program.

Body (May include medications, sleep and eating routines, exercise, etc.):

Relationships (Including whom I will stay connected with regularly and how):

Centering Practices/Hobbies:

Reflection (How will I build in space for processing, mindfulness, or sense of purpose):

Reminders to myself that will be important:

Additional preventative steps I can take now:

Triggers/Warning Signs/Signs of Distress (situations, behaviors, thoughts, images, mood or body sensations that a concerning situation might be developing)

1. _____
2. _____
3. _____

Coping Responses to Distress:

What might distress look like for me?

What will I do on my own to cope with my distress?

Whom will I reach out to? How?

What are the most helpful behaviors for me if I am in mild to moderate distress? For program leaders or other staff on the program?

Urgent Situation:

What urgent situations might arise and what might distress look like?

What will I do on my own to cope if an urgent situation develops?

Whom will I reach out to? (What is available):

What are the most helpful behaviors from me/program staff in an urgent situation?

What are the realistic options for care in my location and in the event of an urgent situation?

What are the likely programmatic and family responses?

Here is what else is important for program leaders/host family/fellow travelers/my parents or family to know:

I have thoughtfully reviewed with my health provider potential challenges that may arise in my study away program. I understand that some challenges may interfere with my ability to fully participate in this study away program. I have reviewed the resources and tools I may need to fully participate in this program and have discussed the implications of this with my health provider.

Student Name (Print): _____ Signature: _____ Date: _____

Provider Name (Print): _____ Signature: _____ Date: _____