



College of the Sequoias STUDENT HEALTH CENTER



HIPAA CONSENT & CONFIDENTIALITY STATEMENT

I give my consent to the Student Health Services Nurse and/or Mental Health Providers for evaluation and treatment as indicated. I understand patient information may be shared between Medical or Mental Health Providers within the Student Health Services Center. Student Initials: _____ If under 18, parent's initials: _____

The privacy and confidentiality of medical, psychiatric and substance abuse information is protected by Federal and State Statutes, Rules and Regulations (including: Health Insurance Portability and Accountability Act, Standards for Privacy of Individually Identifiable Health Information-45 CFR Parts 160 through 164, California Confidentiality of Medical Information Act; California Administrative Code, Title 22; California Civil Code section 56 et seq. California Welfare and Institution Code, section 5328; and Title 42 of the Code of Federal Regulations). These Statutes, Rules and Regulations require that the client give informed consent prior to the release of any health/hospital records or information, except as specifically provided for within the Statutes, Rules and Regulations. California Civil Code section 56.11: An authorization to release health/hospital information will be considered valid only when it states: (1) who will release the information; (2) who will receive the information; (3) the purpose and limitations for which the information will be used; (4) what specific information will be released; and (5) when the authorization will expire. The authorization must also contain the client's/authorized representative's signature and the date of the signature. This Authorization of the Release of Protected Health Information waives any and all rights that the patient now has or may in the future have to bring any legal action against the releasing person/facility for any damages caused directly or indirectly by the release of this information or other confidential information. The authorization must be completely filled out and cannot be missing any required elements. A minor client may only sign an authorization for the release of their health/hospital information for services which the minor could lawfully consent. The authorization of their parent or authorized representative is required for patients who are conservatees under the Probate Code. Authorized representatives signing for the client must submit copies of the legal documents supporting the assignment of this authority. Upon request, you will be furnished with a copy of the completed "Authorization for the Release of Protected Health Information" and "Notice of Health and/or Mental Health Information Practices." "I understand that "information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal HIPAA Privacy regulations." This patient now has or may in the future bring any legal action against the releasing person/facility for any changes.

I am aware of and have been advised that the College of the Sequoias Student Health services Center is available to use by all full and part-time students. The Health Services Center is staffed with Registered Nurses and a Psychological Services Coordinator, LCSW. We do not have a physician on staff. It is our goal to educate you about healthy living and disease prevention. The Health Services Center provides nursing assessments of illness and /or injury. We can also provide referrals to community resources. The Health Services Center Staff is not here to take the place of your regular family physician. The Security and Confidentiality of student records are a legal responsibility of the Institution and its employees by virtue of State and Federal law. Access to records by employees of the College, the student , parents and third parties are governed by laws and College of the Sequoias policies and procedures.

I HAVE READ AND UNDERSTAND CONFIDENTIALITY POLICIES OF THE STUDENT HEALTH SERVICES CENTER.

Print Name: _____ **Banner ID/SSN:** _____

Signature: _____ **Cell Phone:** _____ **Date:** _____

IF UNDER 18 YEARS OF AGE. SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED BELOW.

PARENT SIGNATURE: _____ **DATE:** _____