



Student Health and Counseling Center
Division of Student Affairs
(714) 278-2800 / Fax (714) 278-3069

PRIVACY NOTICE

1. You have a right to know the Health Center's guidelines and procedures regarding your health information and, in most instances, to consent or to refuse consent to disclose such information to others. No member of the University's management, staff, or faculty is entitled to such information without your written consent. Neither your spouse nor a parent is automatically entitled to receive health information about you. By law, your protected health information may be provided without your consent in some criminal investigations or in certain public health and emergency circumstances.
2. Your protected health information consists of that which we collect in the course of your medical care here and such information as you provided or authorize us to get from others. Such information also may be used for internal quality assurance studies, but study results will not be disclosed to outside agencies so as to identify you or your medical conditions.
3. Your medical record is accessible only to members of the Health Center staff serving you. Safeguards regarding incidental use and disclosure of protected information within the Health Center have been established which still permit the staff to freely explore and discuss the best treatment options with and for you. When not in use, the record is physically secured, as is any health information in electronic form.
4. Your psychiatric and/or counseling record, created by the staff psychiatrist or the professional staff of Counseling and Psychological Services, is not part of the medical record. Your physician needs your permission to see your psychiatric or counseling record, as does your counselor and psychiatrist to see your medical record.

DISCLOSURE OF PROTECTED HEALTH INFORMATION

1. You must specifically authorize the Health Center to use or disclose protected information in most non-routine circumstances. The Health Center does not sell or otherwise provide protected health information to a business that may want to market its products or services to you.
2. With your written permission, a copy of part or all of a medical record may be sent to other physicians, hospitals, **at no charge**. **There is a charge for each copy sent to attorneys, investigating agencies, or others you designate.**

YOUR RIGHTS

1. You may request a copy of your record for your personal use. There is also a charge for such copies. You may request corrections of your record subject to preserving the integrity of the documentation of the treatment process. Normally, a review of your medical record should be done in consultation with a health care professional. Complete a "Request to Access" form which is available at our cashier counter.
2. If you believe your privacy protections have been violated, you may file a formal complaint with the Health Center or the University. You may also have the right to pursue formal legal actions in state or federal court.
3. This written notice of Health Center privacy practices and your privacy rights is provided as a matter of law. Please acknowledge receipt of this privacy notice by signing below in the space indicated. A copy of this form will be placed in your permanent medical record. We reserve the right to change our practices and to make the new provisions effective for all individually identifiable health information we maintain. Should we change our information practices, we will mail a revised notice to the address you have supplied us.

Today's Date

Signature

ID Number