



STUDENT HEALTH SERVICES

PROVIDER NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY BEFORE SIGNING

OUR LEGAL DUTY:

We are required by law to protect the privacy of your information, provide this notice about our information practices, follow the information practices that are described in this notice, and obtain your acknowledgment of receipt of this notice.

INDIVIDUAL RIGHTS:

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about your care. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes and other than when you explicitly authorized it. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

USES AND DISCLOSURES OF HEALTH INFORMATION:

Student Health Services staff include District employed support staff and medical clinicians, District contracted physicians, District contracted mental health providers, and community health clinic providers with whom we have a Memorandum of Understanding in place to offer clinical services on site. In the interest of providing continuity of care, information may be shared among these providers and with other providers to whom you are referred, only to the extent that it ensures appropriate treatment. We may use health information about you among these providers for administrative purposes, to evaluate the quality of care that you receive or to obtain payment for treatment received and not covered by your student health fee. Information may be shared by paper mail, fax, or other confidential methods. At no time is this information shared with other college administrators, faculty or staff without your specific written authorization.

We may use, disclose or allow access to identifiable health information about you without your authorization for several reasons. Subject to certain requirements, we may give out health information without your authorization between the following: District employees of Student Health Services and contracted providers within Student Health Services; medical record database management entities with whom Student Health Services holds a contract; for training, public health; or auditing purposes; for research studies; and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. We may use or disclose your protected health information as necessary to contact you or remind you of your appointment. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization by writing a revocation statement to the Director of Student Health Services (address below) to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

COMPLAINTS:

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to Santa Rosa Junior College’s Vice President of Student Services. The person listed below can provide you with the appropriate address upon request.

If you have any questions or complaints, please contact:

*Susan Quinn, Director
SRJC Student Health Services
1501 Mendocino Avenue
Santa Rosa, CA 95401
707.527.4445*

ACKNOWLEDGEMENT OF RECEIPT OF “NOTICE OF PRIVACY PRACTICES”:

By signing and dating this form you acknowledge having read, understood, and agreed to contents of SRJC Student Health Services Provider Notice of Privacy Rights.

Printed Name: _____

SSN: _____

Signature: _____

Date: _____