

FAMU STUDENT HEALTH SERVICES PRIVACY & COMPLIANCE NOTICE

Your Privacy is important to us

We value our relationship with you. We respect your right to privacy and we do everything we can to protect the information provided to us on behalf of our customers and our employees. We ask all employees to follow our policies and procedures about customer privacy and information sharing.

We Protect Our Customer's Privacy:

- We do not leave patient information open or in view at workstations when our employees are not there. We lock up all patient files before leaving the workplace.
- We share patient information only with employees as needed to complete service to the student.
- Your personal information is only shared with those administering our company health benefits, financial services, or management programs on behalf of all our employees.
- Confidential patient information available only as it is necessary to provide service to the patient.
- We provide patients with required communications about access to your health rights under COBRA (continuation of health coverage) and Privacy and Compliance guidelines.

YOUR PERSONAL HEALTH INFORMATION RIGHTS ARE PROTECTED

Privacy & Compliance guidelines helps to protect your rights to health coverage during events such as changing or losing jobs, pregnancy, moving or divorce, and provides rights and protection for employers when getting and renewing health coverage for their employees. It also covers your rights with respect to protected health information

“Protected health information” includes any individually identifiable information that is transmitted or maintained in any form or medium that relates to the past, present, or future physical or mental health condition of any individual, or the provision or payment of health care to an individual that is created or received by a health care provider, health plan, employer, or health care clearinghouse.

- You have the right to access, inspect and obtain a copy of your protected health information.
- You have the right to amend your protected health information.
- You have the right to request restrictions on uses and disclosures of your protected health information.
- You have a right to an explanation of the legal duties and privacy practices of those who have your protected health information.
- You have the right to receive confidential communications regarding your protected health information.
- You have the right to receive an accounting of disclosures of our protected health information.
- You have the right to file a formal, written complaint with those who have your protected health information, or with the Department of Health & Human Services, if you feel your privacy rights have been violated. You may not be retaliated against for filing a complaint.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

_____ Patient refused to sign Patient unable to sign
Patient or Representative Name (Print)

Patient or Representative Signature

Date