

McNeese State University  
Student Health Center  
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As of April 14, 2003, the first federal privacy standards to protect patient's medical records and other health information provided to healthcare providers, health plans, doctors, and hospitals, took effect. These standards were developed by the Department of Health and Human Services. (HHS) ([www.hhs.gov/](http://www.hhs.gov/) reference Policies and Regulations, healthcare standards). These standards are designed to provide patients with access to their medical records and more control over how their personal health information is used and shared with others.

It has been mandated by Congress for the HHS to issue patient privacy protection as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).([www.hipaa.org](http://www.hipaa.org)). The provisions of the law promote the security and the confidentiality of health information that is transferred electronically. The regulation also covers health plans, healthcare providers, and healthcare clearinghouses that process financial and administrative transactions electronically. Examples of these transactions are enrollment, billing, and eligibility requirements.

Detailed information about the HIPAA can be obtained at <http://www.hhs.gov/ocr/hipaa/>  
Complaints by consumers can be made to the HHS Office for Civil Rights (OCR) ([www.gov/ocr/hipaa/](http://www.gov/ocr/hipaa/)), or by visiting the above website. If you do not have access to a computer with Internet capabilities, please ask one of the Student Health Center staff for assistance.

In an effort to comply with the new regulations, McNeese State University Student Health Center is sharing this information with you. You will be asked to sign release forms for the transfer of information. This will enable this facility to transfer information to appropriate personnel who will be assisting in your treatment. You may revoke this release if you so desire. You are entitled to receive a copy of your medical records. The request must be made in writing. Requests will be processed with 7 calendar days.

Please sign this form to show that you have read and received a copy of this information.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date