McNeese State University
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PRIVACY OF CONFIDENTIAL INFORMATION

As of April 14, 2003, the first federal privacy standards to protect patient's 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/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).* The provisions of the law promote the security and 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 *HIPAA* can be obtained at *http://www.hhs.gov/ocr/hippa.* Consumer complaints can be made to *HHS Office for Civil Rights (OCR) (www.gov/ocr/hippa/)* 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 Service staff for assistance.

In an effort to comply with the new regulations, McNeese State University Student Health Service 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 the 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 within 7 calendar days.

By signing this document, you are confirming that you understand and agree with this statement. You may request a copy of this document.

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(SIGNATURE OF PATIENT)	*(DATE)*
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(SIGNATURE OF WITNESS)	*(DATE)*