

# Confidentiality and Records Statement

## Student Health and Counseling Services

### Confidentiality and Privacy Practices

All information you provide to Student Health and Counseling Services (SHCS) is confidential and any information released to other parties will only be done with your written permission, except

- a. where required by law as in any situation where there is a reasonable suspicion of or potential for the abuse of children, elderly persons, or dependent adults;
- b. where you present a serious danger of violence to another person or are likely to harm yourself unless protective measures are taken;
- c. subpoenaed by a court due to civil or criminal litigation;
- d. where required by county, state or federal laws.

According to Title 45 (Public Welfare) of the Code of Federal Regulations, Part 160, you have a right to know SHCS 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, except in life threatening situations or required by law. Neither your spouse nor a parent (if you are 18 years of age or over) is automatically entitled to receive health information about you without your consent.

If you are under 18 years of age, we may disclose medical information to a parent, guardian, or other person responsible for the minor except in limited circumstances when law protects such information.

If you are injured or in an emergency situation, we may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

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

You hereby release SHCS from any and all liability arising from the authorized production, copying, and forwarding of your treatment records.

### Sharing of Information between Student Health Services and Counseling Services

In order to provide the best possible care for students, your clinician may share information about you, when appropriate, with professionals within Counseling Services and Student Health Services for the purposes of diagnosis and treatment planning.

### Disclosure of Aggregate Data

Characteristics of students who utilize Student Health and Counseling Services and types of services students receive may be extracted from the electronic database, **without identifying any individual student**, for the purposes of assessing needs, evaluating services, and conducting research. All research is conducted with strict attention to confidentiality, storage security and adherence to legal and ethical standards.

### Maintenance

All records in SHCS are encrypted and kept in a password-protected electronic database, on a logically secure university file server, in a physically secure location.

All physical and electronic records, and back-ups are maintained, and all research is conducted, with strict attention to confidentiality, security and adherence to legal and ethical standards.

Records are destroyed or deleted 7 years following the last activity in your treatment record.

This consent can be revoked with your written authorization.

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# Treatment Consent Form – Student Health Services

## Student Health and Counseling Services

### Other Disclosure of Medical Information

Disclosure of medical information may be necessary in the following instances:

- **Treatment.** To provide, coordinate or manage your health care and related services. This *may* include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. In some instances, we may disclose medical information about you to an insurance plan when assisting you in seeing a specialist within the community.
- **Payment.** To obtain payment for health care services you received. While Student Health Services (SHS) does not bill private health insurance companies, we do bill for some services and collect payment for reference lab charges.
- **Health Care Operations.** Performing a variety of business activities. For example:
  - a. Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
  - b. Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
  - c. To review and improve the quality, efficiency and cost of care that we provide to you and our other patients.
  - d. To ensure quality of services, SHS goes through regular internal and external reviews, including audits by accreditation agencies such as Accreditation Association for Ambulatory Health Care. Medical records may be reviewed by auditors as part of the accreditation/audit process. Reviewers will adhere to strict confidentiality standards, and will not disclose, copy, or remove any confidential medical information outside of the department.
  - e. Planning for our organization’s future operations.
  - f. Resolving grievances within our organization.

### Your Rights

1. You may request a copy of your record for your personal use. An “Authorization for Release and/or Disclosure of Medical Information” form is available at our Reception Desk. A small fee is charged for copies.
2. 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.
3. If you believe your privacy protections have been violated, you may file a formal complaint with SHS or the University. You may also have the right to pursue formal legal actions in state or federal court.

This written notice of SHS privacy practices and your privacy rights is provided as a matter of law, in accordance with The Privacy Rule “Standards for Privacy of Individually Identifiable Health Information” of April 14, 2001. 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.

### Authorization and Consent for Treatment

I hereby give consent to the medical staff at the Cal Poly Pomona SHS for medical examination and treatment. This includes lab and x-ray tests, medication and immunizations or any other care when deemed advisable by, and rendered under the general supervision of, a clinician license under the provision of the California Medical Practice Act. I understand that treatment will be completely confidential and my records will not be released to anyone without my permission except by subpoena and legally required morbidity reporting. I authorize SHS to release to me, for my personal use, copies of lab results, x-ray results, and immunization records at my request.

### PHOTOGRAPHY AND AUDIO/VIDEO RECORDING IS PROHIBITED AT ALL TIMES

**Due to the sensitive and confidential nature of the services provided at Student Health and Counseling Services, the recording of audio, visual images, or any other data by any device anywhere within the Center by any unauthorized person is prohibited without the written permission of the Director or designee.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Bronco ID#

\_\_\_\_\_  
Date

This consent can be revoked with your written authorization.