

Santa Ana College Health & Wellness Center

Chart Face Sheet

Date: _____ Student/Employee ID: _____

Last Name: _____

First Name: _____ Middle Initial: _____

AKA: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Ethnicity: _____

Gender: Male Female

Contact Information

(Please check box for preferred communication method)

Mobile: () _____ OK to call? OK to text?

Carrier: Sprint T-Mobile AT&T Verizon Metro PCS Boost Mobile Other: _____

Home: () _____ OK to call?

Work: () _____ OK to call?

Email: _____ OK to post?

Do you have allergies?

Yes No

Allergic to:	Reaction

Emergency Contact

Name: _____

Relationship: _____

Phone: () _____ OK to call?

Address: _____

City: _____ State: _____ Zip Code: _____

**SANTA ANA COLLEGE
HEALTH & WELLNESS CENTER
(714) 564-6216**

GENERAL CONSENT TO TREAT

The undersigned patient and/or parent or guardian hereby consents to and authorizes Santa Ana College Health & Wellness Center's physicians and medical personnel to administer and perform any and all medical examinations, treatments, designated procedures, vaccinations and immunizations against disease which may be now or during the course of the patient's care as an outpatient be deemed advisable or necessary.

The undersigned also consents to the release of medical information to other institutions accepting the patient for medical care relative to continuity of care for services rendered in the Health & Wellness Center.

The new HIPAA Law governing patient information is posted in the Health & Wellness Center for you to read, if desired, before signing this consent.

(Patient) Print Name

Patient Signature

Date

(Parent/Guardian) Print Name
(For minor)

Parent/Guardian Signature
(Minor)

Date

Relationship to Patient

Witness

Date



Health & Wellness Center

HIPAA Notice of Privacy Practices

I. HOW WE MAY USE OR DISCLOSE YOUR PRIVATE HEALTH INFORMATION (PHI)

A. Treatment: We may use or disclose your PHI to provide you with medical treatment or services. For example, information obtained by a provider providing health care services to you will record such information in your record that is related to your treatment. This information is necessary to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond.

B. For health care operations: We may use or disclose your PHI in order to operate our facilities. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provide health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.

II. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR CONSENT

We may use and disclose your PHI without your consent or authorization for the following reasons:

A. When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement: For example, we make disclosures when law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered to do so in judicial or administrative proceedings.

B. For public health activities: For example, we report information about births, deaths, and various diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

C. For health oversight activities: For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

D. For purpose of organ donation: We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.

E. For research purposes: In certain circumstances, we may provide PHI in order to conduct medical research.

F. To avoid harm: In emergency situations, in order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

G. For specific government functions: We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.

H. For workers' compensation purposes: We may provide PHI in order to comply with workers' compensation laws.

I. Appointment reminders and health-related benefits or services: We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.

III. USES AND DISCLOSURES THAT REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

Disclosures to family, friends, or others: We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care of the payment for your health care, unless you object in whole or part. The opportunity to consent may be obtained retroactively in emergency situations.

IV. ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION

In any other situation not described in the above sections, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

V. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

- A. **The right to request limits on the uses and disclosures of your PHI:** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- B. **The right to choose how we send PHI to you:** You have the right to ask that we send information to you at an alternate address or by alternate means (for example, fax instead of regular mail). We must agree to your request so long as we can easily provide it in the form you requested.
- C. **The right to see and get copies of your PHI:** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. In certain situations, we may deny your request. If we do, we will tell you in writing our reason for the denial and explain your right to have the denial reviewed. There may be charges for copies made.
- D. **The right to get a list of the disclosures we have made:** You have the right to get a list of instances which we have disclosed your PHI. The list will not include uses or disclosures for treatment, payment, health care operations, directly to you, to your family personal representative. The list also won't include uses and disclosures made for national security purposes, corrections, or law enforcement personnel. It does not include uses and disclosures for which you gave written authorization.
- E. **The right to correct or update your PHI:** If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is:

- (i) correct and complete,
- (ii) not created by us,
- (iii) not allowed to be disclosed, or
- (iv) not part of our records.

Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file such statement, you have the right to request that your statement and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make changes to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

VI. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may:

- (i) contact the supervisor of the area of your concern,
- (ii) send a written complaint to the Secretary of the Department of Health and Human Services.

We will take no retaliatory action against you if you file a complaint about our privacy practices.

I have read and understand the HIPPA Notice of Privacy Practices for Santa Ana Health and Wellness Center.

Signature: _____

Date: _____

Witness: _____