FORT HAYS STATE UNIVERSITY
Forward thinking. World ready.

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Hays, KS 67601-4099
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STUDENT HEALTH CENTER

Acknowledgement of Notice of Privacy Practices

Patient Name: _____ **Date:** _____

Fort Hays State University Student Health Services' Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. It also provides information on your rights are regarding your protected health information as outlined by the Health Insurance Portability and Accountability Act of 1996.

As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by making a request to Student Health Services.

Communication

We may notify you of upcoming appointments by phone, email or text. We may leave messages on your voicemail asking you to contact our office for information. We will only communicate medical information to you by phone or through secure email messages. Please let us know if you prefer alternative means to communicate with you.

Sharing Protected Health Information

My protected health information may be disclosed to the following people involved in my care.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

My signature below acknowledges that I have received a copy of the Notice of Privacy Practice or had the opportunity to review the Notice.

_____ _____

Signature of Patient or Personal Representative Date

_____

Name and Representative's Authority to Act for Patient