

STUDENT HEALTH SERVICES

Minnesota State University, Mankato
21 Carkoski Commons • Mankato, MN 56001

Phone: 507-389-6276 (V) • 800-627-3529 or 711 (MRS/TTY) • Fax: 507-389-5787

Fill out this form and return it to the receptionist

Name _____			SS# _____		
(LAST)	FIRST	MIDDLE)			
_____ MALE	_____ FEMALE	DATE OF BIRTH: _____	AGE: _____		
		(MONTH) (DAY) (YEAR)			

You are not legally required to provide your Social Security Number, but if you do so, it will be used by provider staff to process this release and ensure the identity of the records. Failure to provide this number may result in delay or misidentification of records.

Consent and Acknowledgment: I understand that with my consent Minnesota State University, Mankato – Student Health Services may use and share with others my personal health information for purposes of treatment, to obtain payment for treatment services if appropriate, and for health care operations. I understand that if I do not consent, Minnesota State University, Mankato – Student Health Services will be limited in their ability to serve me. My information may be released to others for certain uses permitted by state and federal law. These possible uses and disclosures are described more fully in the *Notice of Privacy Practices*.

I understand that I have the right to have my personal health information handled in a confidential manner, housed in a secure environment, and accessed only by authorized persons who have a need and right to know the information. I have the right to access and amend my information, request corrections or restrictions, and to receive an accounting of certain disclosures. I have the right to receive confidential communications at an alternate location or in a different way. I have the right to file a complaint with Minnesota State University, Mankato – Student Health Services and with the U.S. Department of Health and Human Services, Office of Civil Rights.

Please read our Notice of Privacy Practices. It explains how your personal health information may be used or disclosed in various situations. It also describes your rights to access and protect your personal health information. We will ask you to sign this acknowledgment on your first date of service after April 14, 2003. If your first date of service is an emergency, we will try to give you the Notice and get your signature as soon as possible after the emergency. A complete Notice of Privacy Practices is also available on our Web site: www.mnsu.edu/shs.

I acknowledge that I have been given the opportunity to read and/or received a copy of the Minnesota State University, Mankato – Student Health Services Privacy Practices Notice which explains how my personal health information may be used and disclosed in the course of business and my rights to protect my personal health information.

Patient Signature Date

Internal office use

If Acknowledgment Form is **not** signed:

1. Does patient have a copy of the Notice? _____ yes _____ no
2. Explain why the patient was unable to sign and efforts to be made to obtain the patient's signature.

Initials _____ Date _____

Patient Signature Date

Patient Signature Date

Rev. 7/06