



THE FLORIDA STATE UNIVERSITY

## UNIVERSITY HEALTH SERVICES

HEALTH & WELLNESS CENTER

University Health Services  
Florida State University  
960 Learning Way  
Tallahassee, FL 32306-4178

# Healthcare Compliance Information

Florida State University's University Health Services (UHS) is staffed by physicians, nurse practitioners, physician assistants, registered nurses, licensed practical nurses, medical service technicians, nutritionists, health educators, and other support personnel to serve your healthcare and health education needs. UHS is funded in part by a portion of the health fee you pay to FSU.

Website: [www.uhs.fsu.edu](http://www.uhs.fsu.edu)

### Services Provided

The UHS Health and Wellness Center is a fully accredited primary care facility staffed by dedicated professionals providing a variety of wellness, minor illness, injury and urgent medical care and outreach programs through general medical clinics, a women's clinic, a nutrition clinic, a physical therapy clinic, a psychiatric clinic, a radiology clinic, an allergy clinic, a travel clinic, a triage clinic and a vibrant health promotion department. Quest Labs is the in-house full service laboratory; pickup service is available for students whose insurance requires the use of Lab Corps.

### Payment for Services

UHS accepts cash, checks, VISA, MC, FSUCard, HSA cards and insurance as payment for services. You may also defer charges to your Student Financial Services (SFS) account; however, doing so will result in a registration HOLD until paid in full. UHS is in-network for variety of carriers. Please check the *Using your Insurance* tab at the UHS website for the latest information. Other insurance carriers are billed as "out-of-network." Any amount not covered by your insurance plan will be placed on your SFS account. It is the student's responsibility to know what his/her individual plan covers. Some HMO insurance plans require that you have a referral or pre-authorization to be seen at UHS. Medicaid and Medicare cannot be used to pay for services at UHS but can be used to meet the insurance requirement to be able to register for classes.

### Confidentiality of Records

Medical records are strictly confidential. For patients age 18 and older written consent by the patient is required before records can be released. Authorization for release of medical records must be done on a per-visit or per condition basis and is valid until revoked by the student. **There is no blanket release for students to sign.** Parents or legal guardians of students under 18 have the legal right to review medical records for their children except for issues dealing with sexual health.

#### Health Compliance Packet:

Student Immunization Record – SUBMIT  
Privacy Policy – DO NOT SUBMIT  
Vaccine Information Sheet – DO NOT SUBMIT  
**Effective September 29, 2014, all other editions of student immunization record are obsolete.**

Please **submit** the Student Immunization Record to

1. University Health Services  
c/o Health Compliance Office  
960 Learning Way, Tallahassee, FL 32306-4178

OR 2. Fax to 850-644-8958.

OR 3. Use the FSU drop box at <http://dropbox.fsu.edu>

See attachment for instructions on how to submit forms electronically.

Processing the student immunization record can take up to five business days.

Verify clearance at your [my.fsu.edu](http://my.fsu.edu) account. Holds are listed on the right side of the page. If you see the insurance in your To Do List and you have taken care of the waiver, the To Do List for insurance will go away when the Registrar assigns your account a matriculation date.



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### Student Immunization Record (KEEP A COPY FOR YOUR PERSONAL RECORDS)

- **This is a one-time requirement.**
- **This form must be completed by AUTHORIZED PERSONNEL ONLY.** To be considered valid, this form and any additional records attached to the Student Immunization Record must include:
  - The **signature and printed name** of the authorizing person (a school administrator or medical provider can be an authorized signer of this document). *Parents and Students are not authorized to enter immunization information or to sign as the authorizing person.*
  - an **office stamp** showing the complete office address and office telephone of the authorizing person,
  - the student's name and date of birth
  - the cover of any attached shot records identifying the record as belonging to the student.
- **We reserve the right to interpret the validity of all documents submitted.**
- **Any corrections to the entries on the Student Immunization Record MUST BE COMPLETELY REAUTHORIZED with the authorized signer's initials and the date the correction is made.**
- **All documents must be legible to be processed. The student name and date of birth on the form is required. The ability to register for classes will be blocked until the correctly completed record is on file in the Health Compliance office.**
- **Immunization requirements:**
  - Students born **BEFORE 1/1/57** must complete the Student Immunization Record.
    - No proof of MMR is required.
    - The meningococcal meningitis and hepatitis B vaccines may be declined via the waiver or you may choose to receive the vaccines
  - Students born **on or after 1/1/57** must complete the Student Immunization Record.
    - Provide proof of two MMR (measles, mumps, and rubella) immunizations. **The first MMR** must have been given on or after 1/1/68 and on or after the first birthday. CDC allows us to accept the first MMR to given up to 4 days before the first birthday. Any MMR given earlier than 4 days before the first birthday does not count toward the 2 MMR requirement, The **second MMR** immunization must have been given 28 days or more **after** the first MMR.
    - **Positive IgG titers** for measles (Rubeola), German measles (Rubella) and Mumps antibodies may be submitted in lieu of proof of two MMR. **Copies of the actual lab results showing the numerical lab results** must be provided to the Health Compliance Office **before** the student will be able to register for classes. Titer results that are equivocal or negative will not clear the immunization requirement. All three titers must be positive.
    - Show proof of vaccination for meningococcal meningitis and hepatitis B. If the first dose of meningococcal meningitis vaccine was administered before the student's 15<sup>th</sup> birthday, a second immunization is recommended but not required. There is no titer for meningococcal meningitis at this time.  
Either the 3-shot or 2-shot hepatitis B series is acceptable. A titer proving immunity to hepatitis B may be submitted in lieu of proof of the hepatitis B series. If, after reading the Vaccine Information Page, a student wishes to decline either one or both of these vaccines, the waiver(s) on the Student Immunization Record must be initialed and the waiver signed. Electronically generated initials or signature are not acceptable. If the waiver is initialed but not signed, that can block registration.
- **Special Notes:**
  - A permanent or temporary medical exemption due to a health issue that precludes receiving the MMR vaccine must accompany the completed Student Immunization Record. The medical exemption must be submitted on your provider's letterhead and must be signed and dated by your provider. Temporary exemptions must also include an expected end date for the exemption. Note that breastfeeding is not a contraindication to receiving the MMR vaccine.
  - A Religious Exemption waiver form must be requested from the Health Compliance office.
  - Any exemption still requires submission of the Student Immunization Records.
  - Understand that in the event that a vaccine preventable outbreak occurs on the Florida State University Campus, and:
    - you are unable to show proof of adequate immunization via previous medical records, or
    - you are unable to show proof of immunity via a positive titer, THEN
    - you may be excluded from attending classes or other activities on the Florida State University campus for the duration of the outbreak, which can be up to 21 days following diagnosis of the last case.
  - Understand also that you
    - agree that you shall be solely responsible for any costs associated with exclusion from classes or university activities and
    - are aware that should such exclusions affect your grades and attendance records, you will be ineligible to apply for either a medical course drop or a medical withdrawal due to a situation or situations resulting from a vaccine preventable incident.

## Insurance Requirements

**Showing proof of adequate health insurance is an annual requirement.** Every full time student new to Florida State University must provide proof of adequate health insurance coverage **before** the registration block will be removed. International students studying at FSU on a J-1 or F-1 visa must show proof of health insurance regardless of credit hour load. Purchase or waiver can only be done on line at the student insurance web site: [www.studentinsurance.fsu.edu](http://www.studentinsurance.fsu.edu). Before logging in to complete the waiver or purchase, review the private insurance requirements and plan information at the home page. Requests to change or cancel the purchase of the school-sponsored insurance must be submitted in writing to [healthcompliance@admin.fsu.edu](mailto:healthcompliance@admin.fsu.edu) no later than the date before the plan begins. To begin the waiver or purchase process click on the flashing red and black link at the top of the student insurance home page.

# Health Compliance Checklist

## 1. Healthcare Compliance Packet

- Find it at [www.uhs.fsu.edu](http://www.uhs.fsu.edu) - Click on the Compliance link. Complete and submit **ONLY** the Student Immunization Record. All other pages are for your information and should not be sent to the Compliance Office.
- Fax the Student Immunization Record to 850-644-8958, **OR**
- Mail it to Health Compliance Office, 960 Learning Way, Tallahassee, FL 32306-4178, **OR**
- E-mail it to the electronic drop box. Instructions are in the packet. **OR**
- Bring it to room 1005, Health and Wellness Center. It can take up to 5 business days for the form to be processed.
- Every student enrolling in FSU must submit this form **one time**.
- **REMEMBER: If you are not yet 18, your parent or guardian must also sign the Student Immunization Record. If your parent fails to sign the form you will not be able to be seen at the Wellness Center until parental consent is received for treatment.**

## 2. Proof of Immunizations

- It is the only document in the packet that must be submitted. For international students, this document may be completed in your home country.
- Two MMRs (measles, mumps, rubella) combined immunizations must have been given on or **AFTER** the first birthday and at least 28 days apart. Single shots are **only** acceptable if all three were given on the **same** date. IgG titers (blood tests) showing positive immunity to measles, mumps and rubella may be submitted in lieu of proof of the two MMR immunizations. The lab slips showing the numerical test results must be submitted. Negative or equivocal results are not acceptable.
- Meningococcal meningitis immunization proof **OR** waiver.
- Hepatitis B immunization proof **OR** waiver **OR** proof of positive immunity via a titer.
- Must be signed and dated by medical personnel **OR** custodian of records. The signer's printed name is also required.
- Any corrections to immunization dates must be initialed and dated by the person authorizing the records.
- Every student enrolling in FSU must submit this form **one time**.
- Registration will be blocked until this requirement is met.

## 3. Proof of Health Insurance

**A. International students** are those students studying at FSU on a J-1 or F-1 visa.

- International students must show proof of health insurance regardless of their credit hour load.
- Accompanying dependents must also be covered by health insurance.
- International students must either enroll in the school sponsored health insurance plan or waive enrollment in the school sponsored plan by showing proof of other comparable insurance.

**B. Domestic students** are those students who are not studying at FSU on a J-1 or F-1 visa.

- Full time students new to the university (undergrads taking at least 12 hours and grads taking at least 9 hours, newly admitted or re-admitted or anyone taking at least 6 credit hours in the summer session) must either enroll in the school sponsored health insurance plan or waive enrollment in the school sponsored plan by showing proof of other comparable insurance.

- **Part-time domestic students** call the health compliance office at 850-644-3608 to have your insurance waiver cleared with a credit hour underload. This must be done each semester and cannot be done on line.
- Students enrolled in the summer 2007 term or earlier who are still under the same program requirements are grandfathered and are not required to show proof of health insurance. If you have completed one program (for example, your BA) and enroll in another program (for example for your MA), you are considered a new student and must comply with the insurance requirements as established by the FSU Board of Trustees.
- Student veterans: if you are registered with the local VA clinic for your medical care, complete the waiver entering Veterans Administration as the insurance company and using your SSN as your policy number. The effective date is the date your coverage with VA was approved. Do not put a termination date.
- Students with any form of Medicaid or other government provided health care, use Medicaid- Florida as the name of your insurance company. The claims mailing address that appears is acceptable for your waiver. Understand that there is a difference between using your Medicaid to be able to register for classes at FSU and accessing health care at the Health and Wellness Center on campus.

**C. How to take care of the compliance requirement:**

Registration will be blocked until compliance is completed. This requirement must be met **once annually**.

- Go directly to [www.studentinsurance.fsu.edu](http://www.studentinsurance.fsu.edu) .
- Click on the flashing black and red link: **Waive/Purchase Insurance Click Here**. It is at the top of the page.
- Log in. If you do not have your FSUID you can get it here by following the prompts.
- To **purchase** the school sponsored health insurance, select the **Purchase FSU Insurance** button.
  1. Select the coverage you want.
    - a. If you are insuring dependents, enter dependent information. Coverage will not begin if you do not enter their information even if you pay the premium.
    - b. Print the confirmation sheet for your records.
    - c. The charges will go on your account at Student Financial Services to be paid when financial aid is paid.
  2. **The university-sponsored insurance does not cover participation in collegiate athletics. Check with Nick Pappas at 850-645-2700 for insurance options.**
  3. **The university- sponsored does cover FSU Cheerleader and Golden Girl members as sports club participants.**
- To complete the **hard waiver** and enter your private insurance policy information, select the **My Policies** tab.
  1. Enter the insurance policy information.
    - a. Domestic Students: If your plan automatically renews annually, do not enter a termination date.
    - b. International Students: Coverage date requirements –
      1. Effective dates must be on or before August 14 for fall term, on or before January 1 for the spring term and on or before May 9 for the summer term.
      2. You must enter the termination date of your plan. Your plan must not end before December 31 for the fall term, before May 9 for the spring term or before August 14 for the summer term.
  2. After you click on the Submit button, click on the blue link to I Have Health Insurance.
    - a. Select the term and year that will show continuous coverage for you even if you will not be attending summer sessions.
    - b. Check My Compliance Records to make sure your waiver went through.
  3. **To Resolve Compliance Issues for either insurance or immunizations:** call 850-644-3608 or send an e-mail to [healthcompliance@admin.fsu.edu](mailto:healthcompliance@admin.fsu.edu).



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960 Learning Way  
Tallahassee, FL 32306-4178  
(850) 644-3608  
Fax: (850) 644-8958

This information is being provided as an alternative to faxing or mailing your completed health compliance packet. Please make sure that all sections have been completed appropriately and signed. Incorrect information will cause delays in processing your information. Please allow 5 days for processing all requests.

<https://dropbox.ucs.fsu.edu>

**You may perform the following activities:**

- About the Dropbox:** What is the dropbox?
- Drop-off:** Drop-off (*upload*) a file for a FSUID user.
- Pick-up:** Pick-up (*download*) a file dropped-off for you by a FSUID user.

**All files have a 10 day grace period for pickup.**

- Login:** Use your FSUID to log in and access features not available to the public.

**If you have an FSUID, you may also login to perform additional activities:**  
(e.g., drop-off a file to any person, irrespective of their affiliation or email address)

Version 2.2 | UCS Dropbox Service (c) 2010

**Select Drop-Off**

This web page will allow you to drop-off (upload) one or more files for a FSUID user, downloading the file. Your IP address will be logged and sent to the recipient, as well

**1. Information about the Sender**

Your name:  (required)

Your organization:

Your email address:  (required)

Send an email to me when the recipient picks-up the file(s).

**2. Information about the Recipient**

Recipient 1: Name:

Email:  @fsu.edu

**3. Choose the File(s) you would like to Upload**

File 1:  No file chosen

Description:

[Return to the FSU Dropbox Service main menu.](#)

Version 2.2 | UCS Dropbox Service (c) 2010

## Directions:

### Information about the sender

- **Your Name:** Please enter the **name of the student** that you are submitting information for.
- **Your Organization:** *Please type Student Health History Form. If this is not the organization, we will NOT retrieve the form.*
- **Your Email Address:** Please provide a valid email address that we may communicate any issues we encounter.

### Information about the recipient

- **Name:** Please type **Health Compliance Office**
- **Email:** Please type **healthcompliance**

Choose the file you would like to upload

Please select the health history file and in the **Description**

- **Type:** Health History Form.

Finally press the Drop-off the File button to submit your file.

applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission occurred. You will not be retaliated against for filing any complaint.

### **Amendments To This Policy**

We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all PHI we maintain even if created or received prior to the effective date of the revision or amendment. We will provide you with notice of any revisions or amendments to this Privacy Policy or changes in the law affecting this Privacy Notice by posting to our website notice of the revision or amendment.

### **On-Going Access To Privacy Policy**

We will provide you with a copy of the most recent version of this Privacy Policy at any time. Send a written request to the Privacy Officer at University Health Services, Florida State University, Tallahassee, FL 32306, make a phone request at (850) 644-5523 or an electronic request on the web at [www.uhs.fsu.edu](http://www.uhs.fsu.edu). An electronic version of this Privacy Policy is also available on the website listed above.

**This Notice of Privacy Policy is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA) of 1996. HIPAA requires UHS [by law] to maintain the privacy of your Protected Health Information (PHI) and to provide you with notice of UHS's legal duties and privacy policies with respect to your PHI. We are required by law to abide by the terms of this Privacy Notice.**

Information (850) 644-6230  
Appointments (850) 644-4567  
Main Fax (850) 644-1491  
TDD (850) 644-2383

University Health Services, Florida State University  
Division of Student Affairs, Tallahassee, FL 32306  
Available in Alternate Format.

# NOTICE of Effective April 14, 2003 As Amended December 8th, 2010 PRIVACY POLICY

This notice describes how your medical information may be used and disclosed and how you can access this information.

*Please review it carefully.*



THE FLORIDA STATE UNIVERSITY  
**UNIVERSITY HEALTH  
SERVICES**

HEALTH & WELLNESS CENTER

Lesley K. Sacher, MHA, FACHE, FACHA  
UHS Director

### **Your Protected Health Information (PHI)**

Your PHI is protected by law and includes any information, oral, written or recorded, that is created or received by certain health care entities, which includes health care providers (such as hospitals and physicians), health insurance companies or health plans. The law specifically protects health information that contains data such as: name, address, social security number, and any other information that could be used to identify you as an individual patient who is associated with that particular health information.

### **Uses or Disclosures of Your PHI**

Generally, we may not use or disclose your PHI without your permission. In addition, once your permission has been obtained, we are only allowed to disclose your PHI in accordance with the specific terms of that permission. The circumstances under which we are permitted by law to use or disclose your PHI are described below.

#### **Without Your Consent**

When using or disclosing PHI, with or without your consent, we are required to disclose the minimum amount necessary that is reasonably required to provide those services or complete those activities.

**For Treatment:** We may use or disclose your PHI in order to provide medical treatment to you and to coordinate or manage your health care and related services. For example, we may use and disclose your PHI to other health care providers when you need a prescription, lab tests, x-rays or other health care services.

We may use or disclose PHI to another provider for treatment such as when referring you to a specialist.

**For Payment:** We may use or disclose your PHI in order to bill and receive payment for services. For example, a bill may be sent to your insurance company which includes medical information. We may also notify your health plan about a treatment you are expected to receive in order to receive prior approval.

We may use or disclose information to consumer reporting agencies relating to the collection of premiums or reimbursements.

**For Health Care Operations:** This is necessary to ensure all patients receive quality care. For example, medical staff may use the information

for training and staff evaluation purposes and to assess the treatment outcomes.

We may disclose your PHI to our business associates to carry out treatment, payment or health care operations. We employ business associates to perform certain jobs such as diagnostic testing and evaluation and billing. We disclose the minimum amount of information necessary for our business associates to perform the services for which they were hired. Our business associates are legally required to follow the same privacy laws that we follow.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Unless we receive an objection from you, we may use or disclose your PHI in the following ways:** We may use or disclose information to notify or assist in notifying a family member, legal representative, or another person responsible for your care.

We may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified of your location and general condition. Even if you object, we may still share medical information about you if necessary for emergency circumstances.

We may use or disclose your PHI to a regional health information organization (RHIO). We are a participant in the Big Bend RHIO and, as such, share certain patient information with other participants. Should you require treatment at another participating facility, that provider may gather health information through this system in order to provide treatment.

**As Required By Law:** We may use or disclose your PHI to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law such as: public health activities, reporting to social services in the case of abuse, neglect or domestic violence, health oversight activities (audits, civil, criminal or judicial investigations), law enforcement activities, military and veterans activities, matters of national security and to avert a serious threat to health or safety.

**Other Uses With Your Specific Authorization**

Except as otherwise permitted or required, we

may not use or disclose your PHI without your written authorization. Further, we are only allowed to use or disclose your PHI in accordance with the terms of such authorization. You may revoke your authorization to use or disclose PHI at any time, with the exception of: a) actions already taken in reliance on such authorization, or, b) if you provided the authorization as a condition of obtaining health insurance coverage, in which case other laws are in effect that provide the insurer with the right to contest a claim under the policy.

### **Your PHI Rights**

*Under HIPAA, you have certain rights with respect to your PHI. The following is a brief overview of those rights and our duties as health professionals to enforce those rights.*

### **Right To Request Restrictions On Use Or Disclosure**

You have the right to request restrictions on certain uses and disclosures of your PHI. You may request restrictions in writing to our Privacy Officer on the following uses or disclosures: a) to carry out treatment, payment or health care operations; b) disclosures to family members, relatives or close personal friends of PHI directly relevant to your care, or payment related to your health care, or your location, general condition or death; c) instances in which you are not present or your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; d) permitting others to act on your behalf to pick up filled prescriptions, medical supplies, X-rays or other similar forms of PHI; or e) disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

While we are not required to agree to any requested restriction, if we agree to a particular restriction we are bound not to use or disclose your PHI in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law.

### **Right To Receive Confidential Communications**

You have the right to receive confidential communications of your PHI. We require a written request. In addition, we may condition the provision of confidential communications on you providing us

with information as to how payment will be handled and specification of an alternative address or other means of contacting you. We may require that a request contain a specific statement that disclosure of all or part of the information to which the request pertains could endanger you. We cannot require you to provide an explanation of the basis for your request as a condition of providing communications to you on a confidential basis. We must permit you to request and must accommodate reasonable requests by you to receive communications of PHI from us by alternative means or at alternative locations.

### **Right To Inspect & Copy Your PHI**

Your designated record set is a group of records we maintain that includes: medical records and billing records about you; enrollment and payment records; claims adjudication, and case or medical management records systems. You have the right of access in order to inspect and obtain a copy of your PHI contained in your designated record set, except for: a) psychotherapy notes, b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and c) health information maintained by us to the extent to which the provision of access to you would be prohibited by law. We may require written requests. We must provide you with access to your PHI in the form or format requested by you, if it is readily producible in such form or format, or, if not, in a readable hard copy form or similar form or format. We may provide you with a summary of the PHI requested, in lieu of providing access to the PHI or may provide an explanation of the PHI to which access has been provided, if you agree in advance to such a summary or explanation and agree to the fees imposed for such summary or explanation. We will provide you with access as requested in a timely manner, including arranging with you a convenient time and place to inspect or obtain copies of your PHI or mailing a copy to you at your request. We will discuss the scope, format and other aspects of your request for access as necessary to facilitate timely access. If you request a copy of your PHI or agree to a summary or explanation of such information, we may charge a reasonable cost-based fee for copying, postage (if you request a mailing), and the costs of preparing an explanation or summary as agreed upon in advance. We reserve the right to deny you access to and copies of certain PHI as permitted

or required by law. To the extent possible, we will attempt to accommodate any reasonable request for PHI by giving you access to other PHI after excluding the information which we have grounds to deny access. Upon denial of a request for access or request for information, we will provide you with a written denial specifying the legal basis for denial, a statement of your rights, and a description of how you may file a complaint with us. If we do not maintain the information that is the subject of your request for access but we know where the requested information is maintained, we will inform you of where to direct your request for access.

### **Right to Amend Your PHI**

You have the right to request that we amend your PHI or a record about you contained in your designated record set for as long as the designated record set is maintained by us. We have the right to deny your request for amendment, if: a) we determine that the information or record that is the subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment, b) the information is not part of your designated record set maintained by us, c) the information is prohibited from inspection by law, or d) the information is accurate and complete. We require that you submit a written request and provide a reason to support the requested amendment. If we deny your request, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services (DHHS). This denial will also include a notice that if you do not submit a statement of disagreement you may request that we include your request for amendment and denial with any future disclosures of your PHI that are the subject of the requested amendment. Copies of all requests, denials, and statements of disagreement will be included in your designated record set. If we accept your request for amendment, we will make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by you as having received your PHI prior to amendment and persons that we know have the PHI that is the subject of the amendment and that may have relied or could foreseeably rely on such

information to your detriment. All requests for amendment shall be sent to:

Attn: Privacy Officer, University Health Services, Florida State University, Tallahassee, FL, 32306.

### **Right To Receive Your PHI Accounting Of Disclosures**

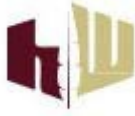
You have the right to receive a written accounting of all disclosures of your PHI that we have made within the six (6) year period immediately preceding the date on which the accounting is requested. You may request an accounting of disclosures for a period of time less than six (6) years from the date of the request. Such disclosures will include the date of each disclosure, the name and, if known, the address of the entity or person who received the information, a brief description of the information disclosed, and a brief statement of the purpose and basis of the disclosure, or, in lieu of such statement, a copy of your written authorization or written request for disclosure pertaining to such information. We are not required to provide accountings of disclosures for the following purposes: a) treatment, payment and health care operations, b) disclosures pursuant to your authorization, c) disclosures to you, d) or to persons involved in your care, e) for national security or intelligence purposes, f) to correctional institutions. We will provide the first accounting to you in any twelve (12) month period without charge but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period. All requests for an accounting shall be sent to:

Attn: Privacy Officer, University Health Services, Florida State University, Tallahassee, FL 32306.

### **Complaints**

You may file a complaint with us and with the Secretary of DHHS if you believe that your privacy rights have been violated. You may file your complaint with DHHS at the Office for Civil Rights, DHHS, 61 Forsyth St. SW. - Suite 3B70, Atlanta, GA 30303-8909, (404) 562-7886. You may submit your complaint in writing by mail to our privacy officer at University Health Services, Florida State University, Tallahassee, FL 32306, (850) 644-5523 or e-mail using our e-comment card at [www.uhs.fsu.edu](http://www.uhs.fsu.edu). A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the





THE FLORIDA STATE UNIVERSITY UNIVERSITY  
HEALTH SERVICES HEALTH & WELLNESS  
CENTER

University Health Services  
Florida State University  
960 Learning Way  
Tallahassee, FL 32306-4178  
(850) 644-3608  
Fax: (850) 644-8958

## **Vaccine Information - PLEASE READ**

*Many other extremely valuable vaccines are available that are not required but highly recommended to optimize a lifelong, preventive healthcare program.*

### **Bacterial Meningitis**

Young adults between the ages of 17-24 are at increased risk of developing a severe form of bacterial meningitis called meningococcal meningitis. The American College Health Association and the Centers for Disease Control (CDC) recommend that students consider getting the meningitis vaccine. This bacterial infection, although rare, may cause severe neurologic impairment, partial loss of limbs, or death (9-12% mortality rate). Living in residence halls, bar patronage, and exposure to alcohol and cigarette smoke further increase the risk of infection within this age group. The incidence in young adults is about one case per 100,000. For freshmen living in residence halls, it is 3.8 or more per 100,000.

The meningococcal bacterium involved with invasive disease, such as meningitis or sepsis (a bloodstream infection) is usually one of five different subtypes, called Serogroups A, B, C, Y, and W-135. The current vaccine does not stimulate protective antibodies to Serogroup B, but does against the remaining four types. In the past, Serogroup B caused about 50% of the disease burden in the U.S. but more recently, it has decreased to about 27% or less, making vaccination more protective against the other serogroups that have proportionately increased. The vaccine is safe and is estimated to protect for 3-5 years. For those who received a dose of vaccine at age 15 or younger, a 2<sup>nd</sup> booster has been recommended. Those who received a dose at age 16 or older do not need a booster dose.

### **Hepatitis B**

Hepatitis B is a serious viral liver infection, prevalent worldwide, which can lead to chronic liver disease and liver cancer. The State of Florida requires all school-age children to complete the three-shot series. Older students or out-of-state students may not be familiar with this recommendation. The Hepatitis B vaccine is extremely safe, effective and is required for any individual who may possibly be exposed to blood or other body fluids in their line of work or through sexual contact. We highly recommend getting this vaccine or at least discussing it with your primary care physician.

### **Polio, Tetanus, Tuberculosis**

Have your doctor review the status of your Polio and Tetanus immunizations. Tetanus is recommended every 10 years routinely or within five years for contaminated or deep puncture wounds. A one-time dose of Tdap (which includes a small booster dose of pertussis) may be given anytime beyond 2 years or more from a previous Td, especially if exposure to children or working in health care is ongoing. Usually given as a tetanus/diphtheria combination shot called Td, the tetanus vaccine boosters should resume the 10-year schedule following the onetime Tdap.

A skin test for tuberculosis called a PPD should also be considered at this time if your doctor determines you have been potentially exposed, such as working in a high risk clinic or institution, extended travel to at risk countries, etc.

### **Chicken Pox (Varicella)**

Chicken Pox (Varicella) is not uncommon among college students who have not yet experienced this childhood illness. Varicella vaccination is available and is highly recommended for all children, adolescents, and young adults who are susceptible to this viral disease. It is given as a two-shot series, one to two months apart. The vaccine is generally well tolerated; 3-5% of those vaccinated may experience a mild, varicella-like rash or low-grade fever, but complications are rare.

### **Hepatitis A**

Hepatitis A, another viral illness affecting the liver, is especially prevalent in developing countries and is most often transmitted via contaminated food and water. Outbreaks occur throughout the United States and will likely continue and possibly increase in the next decade. Though not a cause of chronic liver disease, adults who develop Hepatitis A can be extremely ill and lose significant school or work time during the course of an infection. The Hepatitis A vaccine is very safe and is given as a two-shot series, six months apart. It is essential for anyone planning to travel to developing countries, but may be a good investment in your health even in the U.S.

## **Vaccine Information - PLEASE READ**

*Many other extremely valuable vaccines are available that are not required but highly recommended to optimize a lifelong, preventive healthcare*

### **Influenza**

Yearly flu shots (early October to mid December) are recommended for everyone, but are especially indicated for anyone with asthma, chronic heart or lung disease, diabetes, or other health problems that compromise the ability to fight infections. University Health Services provides influenza vaccines, often free to students as budget permits, but supplies are limited.

### **Pneumococcal Vaccine**

The pneumococcal vaccine, often misquoted as the "pneumonia vaccine," is recommended for students at risk for serious pneumococcal infections (those with asthma, diabetes, chronic heart or lung disease, weakened immune systems, etc.) This vaccine reduces the incidence of the most common cause of community acquired bacterial pneumonia, called pneumococcal pneumonia. Check with your family physician to see if you are a candidate.

### **HPV Vaccine**

Currently 2 vaccines against Human Papilloma Virus are available which can protect against the development of cervical cancer and some types of venereal warts, HPV4 (Gardasil) and HPV2 (Cervarix). Highly recommended for females before they become sexually active, one of the vaccines, Gardasil, is also now approved for males as well. Most often given between ages 9 to 12, many patients, especially males, may wish to initiate this vaccine or complete the series before coming to FSU or after they arrive.



THE FLORIDA STATE UNIVERSITY  
**UNIVERSITY HEALTH SERVICES**  
 HEALTH & WELLNESS CENTER



**Part A**—Print or type. Illegible forms will not be processed.

**STUDENT NAME:** \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_\_\_ FSU EmplID \_\_\_\_\_ Gender:  Male |  Other |  Female Race: \_\_\_\_\_

Part B Dates Required	<b>REQUIRED IMMUNIZATIONS</b>		
Combined MMR dates No single shots	Dose 1 / / On or after first birthday	Dose 2 / / At least 28 days later	Titers: document attached
Meningococcal Meningitis dates	Dose 1 / /	Dose 2, if applicable	
Meningococcal Meningitis	Waiver <input type="checkbox"/> Student Initials _____	<b>Date / / of waiver (REQUIRED)</b>	
Hepatitis B dates	Dose 1 / /	Dose 2 / /	Dose 3 / /
Hepatitis B	Waiver <input type="checkbox"/> Student Initials _____	<b>Date / / of waiver (REQUIRED)</b>	Titer: document attached

**Waiver Information:** I have received the required information regarding the risks of acquiring meningococcal meningitis and Hepats B and the benefits of receiving immunizations to reduce those risks. I also understand that I am required to receive these immunizations or to actively decline the immunizations by placing my initials in the space(s) **provided above**. I understand that I may decline either or both immunizations and that declining these vaccines now does not mean I may not receive them in the future. \_\_\_\_\_  
*patient signature*

**Part C: AUTHORIZATION and additional comments:** My signature verifies, as of this date, all immunization entries made on this document and any statements of contraindication to immunization made hereon. Attached documents must be separately authorized. Additional physician comments: \_\_\_\_\_

\_\_\_\_\_  
 Clinician or Records Custodian Name

\_\_\_\_\_  
 Clinician or Records Custodian Signature Date \_\_\_\_\_

\_\_\_\_\_  
 Office Stamp

Please list any relevant Personal and family medical history. \_\_\_\_\_  
 Do you have any allergies (to include. medications):  No  Yes Please List if yes: \_\_\_\_\_

**REQUIRED AUTHORIZATION FOR CARE FOR STUDENTS UNDER THE AGE 18:** I concur with the above and authorize, at the discretion of health center personnel, medical and surgical care including examinations, treatments, immunizations and the like for my son/daughter. In the event of serious disease or injury or the need for major surgery, I understand that all reasonable efforts will be made to contact me but the failure to make contact will not prevent emergency treatment if necessary to preserve life of health Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Part A—Print or type. Illegible forms will not be processed.

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_\_\_ FSU EmplID \_\_\_\_\_ Gender:  Male |  Other |  Female Race: \_\_\_\_\_

OPTIONAL IMMUNIZATIONS			
Polio	/ /	<b>Tdap (Most recent booster)</b> <b>Athletes must show proof</b>	/ /
TB skin test (PPD)	/ /	<b>Td (Most recent booster)</b>	/ /
Chicken Pox (varicella)	Dose 1 / / Dose 2 / / Titer / /	<b>Gardasil</b>	Dose 1 / / Dose 2 / / Dose 3 / /
Hepatis A	Dose 1 / / Dose 2 / /	<b>Pneumococcal Vaccine</b>	/ /

OTHER IMUNIZATIONS			
	/ /		/ /
	/ /		/ /
	/ /		/ /
	/ /		/ /

_____	_____
PHYSICIAN OR RECORDS CUSTODIAN PRINTED NAME	DATE
_____	
AUTHORIZED SIGNATURE	OFFICE STAMP WITH OFFICE ADDRESS & fax #