

NOTICE OF PRIVACY PRACTICES

This notice describes how medical/protected health information about you may be used and disclosed from Paine College Office of Health Services and how you can get access to this information. Please review it carefully.

Summary:

By law, the Paine College is required to provide you with our Notices of Privacy Practices. This Notice describes how your medical information may be used and disclosed by us. It also tells you how you can obtain access to this information.

You have the following rights:

1. The right to inspect and copy your information;
2. The right to request corrections to your information;
3. The right to request that your information be restricted;
4. The right to request confidential communications;
5. The right to a report of disclosures of your information; and
6. The right to a paper copy of this Notice.

We want to assure you that your medical/protected health information is secure with us.

Effective Date of this Notice: _____

Acknowledgement of Notice of Privacy Practices

I hereby acknowledge that I have received a copy of Paine College's **NOTICE OF PRIVACY PRACTICES**. I understand that if I have questions or complaints regarding my privacy rights that I may contact the College Nurse.

Student Name (please print)

Student Signature

Date