



## **South Florida State College Health Sciences Programs Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

South Florida State College Health Sciences Programs are required by federal and state law to maintain the privacy of your health information. The use and disclosure of your health information is governed by regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the requirements of applicable state law. For health information covered by HIPAA, we are required to provide you with this Notice, and will abide by this Notice, with respect to such health information. If you have questions about this Notice, please contact the Dean of Health Sciences at 863.784.7021. We will ask you to sign an "acknowledgement," indicating that you have been provided with this Notice.

We are committed to protecting the privacy of information we gather during your admission process to SFSC's, Health Sciences Programs. Examples of protected health information are:

- Information that states you are currently under medical care for a medical concern
- Information about specific disease conditions
- Information about health care you may have received in the past
- Demographic information
- Unique numbers that may identify you: social security number, student ID, other information that may identify you.

### Summary of this Notice:

Information reported on the medical history portion of your pre-enrollment forms to an SFSC Health Sciences Program **will not** be used to determine your acceptance into the program.

We may use your health information or share it with others in order for you to participate in clinical assignments at health facilities.

We may need to mail or send copies of your health information to another person or organization to allow you to participate in clinical assignments and rotations as part of your educational process.

You may revoke or cancel your written authorization at any given time, except to the extent that we have already relied upon it. To revoke permission, please provide written notice to the Dean of Health Sciences.

If you revoke authorization, to use or share personal information, you may not be able to participate in clinical assignments and rotations which are a mandatory and integral part of your education. If you do not participate in all assignments and rotations of your selected program, you will not graduate from the program.

You have the right to inspect and amend your health information. Any copies must be made by you, prior to submission, as we will not “redisclose” your protected health information.

You have the right to request that we amend your health information if you believe it is inaccurate or incomplete.

You have a right to receive an “accounting of disclosures,” that identifies certain persons or organizations to which we have disclosed your health information. All disclosures are made according to the protections discussed in the Notice of Privacy Practices.

You have the right to request further restrictions on the way we use your health information or share it with others, providing it complies with our Notice of Agreement.

You have a right to request we contact you in a confidential manner.

Special privacy protections apply to HIV-related information, alcohol and substance abuse treatment information, mental health information, psychotherapy notes, and genetic information. We **will not** release information regarding these conditions without further consulting you.

You have a right to discuss, in private, any past medical conditions or surgeries that you wish to remain confidential.

You have a right to a paper copy of the Notice, even if you have previously received an electronic copy.

We may change our privacy practices from time-to-time. If we do, we will revise this Notice so you will have an accurate summary of our practices. You have a right to receive a copy of the revised Notice at any time.

If you believe your privacy rights have been violated, you may file a complaint with the Dean of Health Sciences, or with the Secretary of the United States Department of Health and Human Services.

No one will retaliate or take action against you for filing a complaint.



## **Acknowledgement Of Receipt of Notice of Privacy Practices.**

I understand that South Florida State College Health Sciences Programs may share my health information as part of the education process (clinical assignments and rotations) at area health facilities. I have been given a copy of the Notice that describes how my health information is used and shared. I understand that the SFSC Health Sciences Programs have the right to change this notice at any time. I may obtain a current copy by contacting the Dean of Health Sciences.

My signature below constitutes acknowledgement that I have been provided with a copy of the Notice of Privacy Practices.

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Signature of student

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Date