

Privacy Acknowledgement

A Notice of Privacy Practices (NPP) is provided to all patients. This notice of Privacy Practices identifies:

1) how medical information may be used or disclosed; 2) your rights to access your medical information, amend your medical information, request an accounting of disclosures of your medical information; 3) your rights to complain if you believe your privacy rights have been violated; 4) our responsibilities for maintaining the privacy of your medical information.

I acknowledge I have been given the opportunity to review or receive a copy of the Privacy Policy of Georgia State University.

ASSIGNMENT FOR TREATMENT: Permission is hereby given for medical diagnosis and or treatment as may be deemed advisable or necessary by the medical staff or Georgia State University Health Clinic.

RELEASE OF MEDICAL INFORMATION: I authorize the release of any medical or other information necessary to help ensure that I receive appropriate services within the student health center and the counseling and testing center.

ASSIGNMENT OF BENEFITS: I authorize payment of medical benefits to Georgia State University. I also authorize any release of medical information necessary to process claims pertaining to my medical treatment. I understand it is my responsibility to inform this office of any change in my insurance coverage.

By typing my name and Panther ID#, I acknowledge and consent to the above.
