



**Privacy Notice and Patient's Rights and Responsibilities**

**Acknowledgement Form**

Patient Name: \_\_\_\_\_ J #: \_\_\_\_\_

We have made available to you USA Student Health Center's Privacy Notice and Patient's Rights and Responsibilities Statement. PLEASE REVIEW THIS NOTICE AND STATEMENT CAREFULLY!

You may have a personal copy of the NOTICE and STATEMENT, or you may access the NOTICE and STATEMENT online links at: <http://www.southalabama.edu/studenthealth/>

The Privacy Notice explains USA Student Health Center's policy on confidentiality of your records. It identifies the circumstances under which we may disclose your health information and provides information about privacy of medical records under Alabama state law and privacy of education records under the Family Educational Rights and Privacy Act (FERPA).

The Patient's Rights and Responsibilities Statement informs USA Student Health Center's patients on the basic human rights, choices and responsibilities you have as patient of USA Student Health Center to ensure you receive quality health care.

**I acknowledge that I have been given an opportunity to review USA Student's Privacy Notice and Patient Rights and Responsibilities Statement. I acknowledge that I am entitled to have my own personal copy of the Privacy Notice and/or Patient's Rights and Responsibilities Statement and that USA Student Health has made available a copy of both these documents.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_