# State Center Community College District

**Health Services**

**□ Fresno City College □ Reedley College □ Clovis Center □ Madera Center**

1101 E. University Ave. 995 N. Reed Ave. 309 W. Fir Ave. 30277 Avenue 12

Fresno, CA 93741 Reedley, CA 93654 Clovis, CA 93611 Madera, CA 93637

(559) 442-4600 (559) 638-3641 (559) 323-4595 (559) 675-4800

**STATEMENT OF CONFIDENTIALITY AND YOUR RIGHTS AS A PATIENT**

Except for very unusual cases, your rights to confidentiality, between you and your health care provider are assured. State law requires this office to comply with reporting the following:

1. There is sufficient reason to suspect physical or sexual abuse of a child or elderly person or dependent adult.
2. Threat of bodily harm to another person must be reported to the intended victim and to the appropriate peace officer agency.
3. Mandated requirements of court orders and court-ordered subpoenas will be met.

As a patient, you have the right to expect the following from this office:

1. The health services you receive are free, except for certain vaccines and your participation is voluntary.
2. On your first visit to health services, a confidential record will be prepared and maintained in secure, locked files. Records are to be maintained in physical form for a minimum of 10 years.
3. The number of visits are counted and recorded anonymously for statistical purposes only. The number of immunizations given each month is reported to Fresno County Health Department.
4. No employee of Reedley College Health Services is authorized to release protected health information without a proper authorization.
5. You have the right to review all your medical records, amend health information, and receive an accounting of who has seen your health care records.
6. E-mailed or faxed medical records will not contain personally identifiable information.
7. Confidential information may be sent to other health care providers without your consent if, in the nurse’s judgment, delay would jeopardize your health. The information disclosed must be directly relevant to the nurse’s involvement in your health care and an attempt to obtain your consent will be made as soon as reasonably possible.
8. Authorization to disclose information about nonclinical and/or payment issues, such as employment or insurance must be obtained prior to the release of specific information. However, treatment cannot be withheld if you refuse to grant this authorization.
9. We adhere to a minimum disclosure standard, and only the minimum health information required will be released at any time.

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Signature (Patient) Printed Name Date

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Signature (Witness) Printed Name Date

\_\_\_\_\_ I have received a copy of this form.

Initials