



GOLDEN WEST COLLEGE

HUNTINGTON BEACH, CA

Tim McGrath, President

Receipt of Notice of Privacy Practices

I understand that, as part of my health care, Golden West College Student Health Services originates and maintains health records. These records describe my health history and may include self-reported symptoms, physical and psychological examinations, laboratory and psychological test results, and medical and psychological care plans. I understand that this confidential information is protected health information (PHI) and serves as:

- a basis for planning my care and treatment,
- a method of communication among the health professionals who contribute to my care,
- a means by which a third-party payer (for example, my health insurance company) can verify that any services I may bill were in fact provided,
- a tool for routine health care operations such as assessing quality of care provided and reviewing the competence of Student Health Services health care professionals.

I am aware that a more complete description of how my health information may be used or disclosed is presented in the **Notice of Privacy Practices** of Golden West College Student Health Services. This **Notice** also explains my rights regarding my PHI, including the right to access my own records and the right to request restrictions regarding how, when and to whom my health information is used or disclosed.

I understand it is my responsibility to notify Student Health Services regarding any restrictions to the disclosure of my health information regarding this or subsequent visits. I have read the **Notice of Privacy Practices** and have been given the opportunity to review this information.

Printed Name: _____

Signature: _____

Date: _____