



Notice of Privacy Practices

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

Skidmore College Health Services uses information about you for treatment, internal administrative purposes to evaluate the quality of care you receive, for emergency care provided by Skidmore College Campus Safety, and to help you obtain payments from your health insurance, when necessary. In some situations, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits or services that may be of interest to you.

In general, a written authorization to release information is required from you to share any health information with any other party not involved in your medical care. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any further uses and disclosure. You may authorize release of information specific to a date of service or an illness.

Identifiable health information may be disclosed without your authorization in certain circumstances. We are required by law to disclose certain health information for public health purposes; incidences of suspected elder or child abuse, neglect or maltreatment; and when directed to do so by a court-ordered subpoena. We may also disclose necessary information when a health care provider judges that a student is in immediate danger to self or others.

1. In most cases, and according to New York State medical record laws, you have the right to review or receive a copy of your health information. You also have a right to receive information about disclosure of health information for reasons other than treatment, insurance, or related administrative purposes. If you believe that information on your record is incorrect, or if important information is missing, you have the right to request a correction of the existing information. You have the right to request restrictions on the use or disclosure of your information, but we are not required by law to agree to any such requests. If you received this notice electronically, you have the right to receive a paper copy. Just contact us at the phone number below.
2. If you are concerned that your privacy rights have been violated, or if you disagree with a decision made about access to your records, you may contact Health Services. You may also send a written complaint to the United States Department of Health and Human Services. Health Services will provide you with the appropriate address upon request.
3. We are required by law to protect the privacy of your health information, provide this notice about our information practices, and to follow the information practices that are described in this notice. We reserve the right to amend this notice, and would provide a revised notice by campus mail.

If you have any questions or complaints, please contact Health Services at 518-580-5550

I acknowledge that I have received a copy of this Notice of Privacy Practices.

Print Student Name

Student Signature

Date

SIGNATURE OF PARENT OR LEGAL GUARDIAN
If student is under 18 years of age.

Date