

# NOTICE OF PRIVACY PRACTICES

## Acknowledgment

### ACKNOWLEDGMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of Texas Woman's University Student Health Services. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our website at [www.twu.edu/o-sl/shs](http://www.twu.edu/o-sl/shs) or calling at (940) 898-3826 or (888) 898-8825.

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### ACKNOWLEDGEMENT OF UNDERSTANDING

By signing this form, I acknowledge my understanding of the following information (as outlined in the *Notice of Privacy Practices*):

#### Uses and Disclosures of Protected Health Information

- To provide medical treatment to you, regarding your treatment and coordinating and managing your health care with others
- To bill and receive payment for medical services provided to you – ex: insurance company reimbursements
- To Others Involved in your care – PHI directly relevant to that person's involvement in your health care – ex: the discussion of treatment options in the presence of a friend or relative
- When required my federal law – ex: in response to court and administrative orders and subpoenas
- In the event of emergency circumstances or a serious threat to your safety or the safety of others
  - Representatives of the University *will* contact parents, relatives, a close friend and/or any person you choose to identify in any situation in which:
    - They believe a student's life is at risk in either medical or psychological terms.
    - A student is transferred to the hospital in a life-threatening emergency, or that a counselor or medical professional determines that a student is in imminent risk of harming himself or others

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### In Case of Emergency

Please provide information for those individuals you would like to be contacted in the event of emergency circumstances or a serious threat to your safety or the safety of others.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Additional Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Additional Phone #: \_\_\_\_\_

### If you have any questions about our *Notice of Privacy Practices*, please contact:

Student Health Services Privacy Officer  
P.O. Box 425467  
Denton, TX 76204-5467  
(940) 898-3826 / (888) 898-8825

I acknowledge receipt and understanding of the *Notice of Privacy Practices* of Texas Woman's University Student Health Services.

\_\_\_\_\_  
Patient/parent/conservator/guardian signature

\_\_\_\_\_  
Date

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### Office Use

#### INABILITY TO OBTAIN ACKNOWLEDGMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained: \_\_\_\_\_

\_\_\_\_\_  
Signature of TWUSHS Representative

\_\_\_\_\_  
Date