



**Consent to Disclosure of Personally Identifiable Information**

Emory University Student Health Services (EUSHS) will use and disclose to health care providers the personally identifiable information that it collects about you in order to provide you with treatment. EUSHS also may need to use and disclose personally identifiable information from your education records for business operations and public health purposes. EUSHS student-patient’s records are covered by the federal Family Educational Right and Privacy Act and related regulations (FERPA). FERPA requires EUSHS to obtain your written consent to use personally identifiable information from your education records for these purposes.

By signing this form, you agree to permit EUSHS to use and disclose to the following persons/entities, and for the purposes described below, the personally identifiable information that it collects or generates about you and your health and health care. This information includes, but is not limited to, clinical visit notes; any diagnoses; types or results of tests or procedures performed; and prescribed medications or therapies:

<b><i>Person/Entity to Whom Information will be Disclosed</i></b>	<b><i>Type of Information</i></b>	<b><i>Purpose of Disclosure</i></b>
Name of Person(s)		
Other healthcare providers	Information about my health and healthcare.	For treatment purposes.
Federal and/or Georgia state or county public health authorities.	Information about certain diseases and/or certain conditions (e.g. communicable diseases, dog bites, gunshot wounds) that are required to be reported by applicable federal, state or local law or regulation.	To comply with federal, state and local laws requiring reporting of certain diseases and conditions in order to protect public health and to track diseases and conditions through disease/condition registries.
Insurers and or government programs that provide medical benefits (e.g., Medicare, Medicaid).	Information pertaining to health and health care that is necessary to submit claims for benefits.	To provide information necessary to request and receive payment for treatment items and services provided by EUSHS.
Emergency healthcare and public safety authorities and/or parents or your designated emergency contacts	Information about my health and healthcare.	As legally required in situations under which you are a danger to self, danger to others or gravely disabled.

<b>Person/Entity to Whom Information will be Disclosed</b>	<b>Type of Information</b>	<b>Purpose of Disclosure</b>
Person in charge of such hospital, school, agency, or facility, or the designated delegate thereof.	Information necessary or relevant to making the report.	As legally required to report child abuse.
An adult protection agency and an appropriate law enforcement agency or prosecuting attorney.	Information necessary or relevant to making the report.	As legally required to report abuse to disabled adults or elder persons.

FERPA also specifies certain circumstances under which personally identifiable information from your education records may be disclosed without your consent. Emory will follow the FERPA rules in making any such disclosures.

Additionally, the information you let us look at might have some information that has special legal protections called "privilege," which means that information cannot be used as evidence in a court when there is a lawsuit against the University. Some types of information that have privilege protections include information about mental illness or psychiatric or psychological treatment. Other types of information that might have privilege protections include information about drug or alcohol use, or tests and treatment for certain infectious diseases. These diseases include AIDS, ARC (Immunodeficiency Syndrome Related Complex), HIV, venereal disease, TB, or hepatitis. If your information has any of these types of information, then when you sign this form you waive any privilege for the documentation for the purposes listed in this form.

You may withdraw this consent at any time by sending a signed, written request to: Emory University Student Health Services Business Office, 1525 Clifton Road NE, Atlanta, GA 30322. Any information that has been disclosed prior to your withdrawal will not be affected.

**Agreed to:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Emory Student ID#

**If the student is under the age of 18:**

The student's parent or guardian below signs specifically in order to waive privilege as described in this consent document. This signature is **in addition to, and not a replacement for**, the student's signature above with regard to consent under FERPA:

**Agreed to:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

Updated December 2018