

San José Evergreen Community College District
Student Health Services & Counseling Divisions

**STUDENT REGISTRATION, CONSENT, AND ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES**

Effective Date: August 1, 2025

NAME: _____ **STUDENT ID #:** _____
Last First MI

DOB: ____/____/____ **GENDER:** Female ____ Male ____ Other ____ **PREFERRED PRONOUN:** _____

CELL PHONE: (____) _____ **ALTERNATE PHONE:** (____) _____

EMAIL: _____

MAILING ADDRESS: _____
Street City State Zip

EMERGENCY CONTACT: _____
Name Relationship Phone

Consent for Treatment: I give my permission for medical and/or nursing treatment of illness/ injury, routine health examination, diagnostic procedures, immunization, as well as mental health treatment. I consent to Student Health Services (SHS) making medically necessary referrals to private physicians and other community facilities as needed.

Fees for Service: Some services provided by Student Health Services require a fee to be paid at the time of service. I agree to pay the amount owed for these services. I understand that if I am unable to pay this amount at the time of service. I will notify Student Health Services staff. I may make arrangements to pay at a later date. If I fail to pay the amount owed by that date, I may be unable to register at San José City College/Evergreen Valley College (SJCC/EVC) next semester and/or an academic hold may be placed on my college files.

Out-of-Clinic Services: I certify that I have been informed that payment for any medical services (including laboratory and x-ray examinations) performed by a non-SJCC/EVC Health Services provider or medical facility is my responsibility, even though it may be recommended by a SJCC/EVC Health Services provider. SJCC/EVC Health Services is not responsible for any non-SJCC/EVC Health Services providers bill to either me or my health insurance plan.

Appointments: I understand that if I am unable to keep a scheduled appointment, I am required to cancel at least 24 hours prior to the appointment or waive priority for appointments in the future.

Notice of Privacy:

SJCC/EVC SHS is required by federal and state law to maintain the privacy of your protected health information. As a student, your protected health information is subject to the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and applicable California law. SHS is required by law to provide you with this Notice of Privacy Practices and abide by this notice (see the reverse side of this page).

I verify that I have read and understand the above and the *Notice of Privacy Practices* on the reverse side of this page.

X _____
Student Signature Date

X _____
If under age 18: Parent/ Guardian Signature Date

**SAN JOSÉ EVERGREEN COMMUNITY COLLEGE DISTRICT
STUDENT HEALTH SERVICES & COUNSELING DIVISIONS
PROVIDER 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.**

SJCC/EVC Student Health Services is committed to protecting the privacy of your protected health information (PHI).

You have the right to a copy of this notice. If you have any questions, please contact Student Health Services at 408-270-6480.

This notice describes San José Evergreen Community College District's (SJCC) Student Health Services (SHS) and Counseling Divisions privacy practices, and that of any health care professionals, employees, and other staff working at SJCC SHS.

PROTECTED HEALTH INFORMATION (PHI)

Protected health information is any individually identifiable information collected or created by SJCC, in electronic or physical form, regarding a patient's medical history, mental or physical condition, or treatment that includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient's name, address, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways we use and disclose medical information. All of the ways we are permitted to use and disclose information will fall within one of the categories. If a use or disclosure is not described in this notice, it will only be made with your written authorization. You may revoke an authorization at any time by contacting us in writing.

Disclosure at Your Request

We may disclose information when requested by you. This may require your written authorization.

For Treatment

We may use your PHI to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, or other personnel who are involved in your care. For example, we may share your PHI if you are referred to another health care provider for services.

For Payment

We may use and disclose your PHI, so the treatment and services you receive can be billed, and payment can be collected from you, an insurance company, or a third party. For example, we may need to provide PHI to your health plan so it will pay or reimburse us for services we provided you. If you ask us not to disclose information to your health plan for payment purposes, and you pay for the services you receive yourself, we cannot disclose information to your health plan for payment purposes.

For Health Care Operations

We may use and disclose your PHI for health care operations. These uses and disclosures are necessary to run SHS and make sure all students receive quality care. For example, we may use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you.

To Business Associates

There are some services provided in our organization through contracts with business associates. Business associates provide services on behalf of SJCC/EVC Student Health Services that involve the use or disclosure of patient information. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. Business associates are required by federal law to appropriately safeguard your information.

Fundraising Activities

We may use your PHI, or disclose your PHI, to contact you in an effort to raise money for SJCC and its operations. You have the right to opt out of receiving fundraising communications. If you receive a fundraising communication, it will tell you how to opt out.

As Required by Law

We will disclose medical information about you when required to do so by federal, state, or local law. For example, we may be required to release information in response to a court order.

To Avert a Serious Threat to Health and Safety

We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

Individuals Involved in Your Care or Payment for Your Care

We may share your PHI with a family member, friend, personal representative, or anyone else you want to be involved in your care or anyone who helps pay for your care.

Public Health Activities

We may disclose medical information about you for public health activities, such as preventing and controlling disease, injury, or disability, or to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a

court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

Law Enforcement

We may share PHI if asked to do so by a law enforcement official as allowed or required by law when certain conditions are met. Mental health records require additional legal protections and cannot be released without a court order or authorization by the patient or the patient's representative, except in certain limited circumstances as allowed by law.

Coroner, Medical Examiner, and Funeral Directors

We may share PHI with a coroner, medical examiner, or funeral director when someone dies. This may be necessary, for example, to identify a deceased person or determine the cause of death. We will only disclose mental health and drug and alcohol treatment records to the coroner or medical examiner with a court order or authorization from the patient's next of kin.

Reproductive Health Care Information

We will not share PHI for purposes of a criminal, civil, or administrative investigation into any person for the act of seeking, obtaining, providing, or facilitating reproductive health care, or imposing liability on a person for seeking, obtaining, providing, or facilitating reproductive health care. We will not share PHI to assist in identifying a person seeking, obtaining, providing, or facilitating reproductive health care. For example, if we receive a request from an out-of-state entity for PHI related to an abortion to prosecute that person, we will not fulfill the request.

We will not disclose PHI potentially related to reproductive health care for health oversight activities, judicial or administrative proceedings, law enforcement purposes, or to coroners and medical examiners, without receiving a valid attestation stating the requested PHI is not for prohibited use.

National Security and Intelligence Activities

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Beyond those situations or when other authorized or required by law, we will ask for your written authorization before using or disclosing any identifiable health information about you.

YOUR RIGHTS

1. You have the right to review and copy your PHI, with certain exceptions. If we have the requested PHI in electronic format, you have the right to obtain it in electronic format when possible. Your request must be in writing and submitted to the departmental contact at the end of this notice. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request. In very limited circumstances, we may deny your request to review and copy your PHI. If you are denied access, you may request that the denial be reviewed. Another licensed health care professional who was not involved in the original decision to deny your request and chosen by SJCC will review your request and the denial.
2. If you believe that information in your record is incorrect, you have the right to ask us to correct the existing information. A request for change must be in writing and must provide a reason supporting the request. If we deny your request, we will provide a reason why in writing. Your written request must be submitted to the departmental contact at the end of this notice.
3. You have the right to request an “accounting of disclosures” showing who we shared your PHI with. This is a list of disclosures made of your PHI, other than disclosures made for treatment, payment, and health care operations, and some other exceptions under the law. You may request an accounting of disclosures for a period up to six years prior to the date of the request. Your request must be in writing and submitted to the departmental contact at the end of this notice. The first list you request in a 12-month period will be free. For any additional lists, we may charge you for the cost of providing the list. You will be notified of these costs ahead of time.
4. **You have the right to ask us to restrict or limit how we use and share certain health information for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request, unless the information is needed to provide emergency treatment to you. You also have the right to request a restriction or limitation on certain PHI provided to your health plan if you have paid for the care you received from our facility yourself (i.e., instead of having your health insurance plan pay for the care). Your request must be in writing and submitted to the appropriate contact listed below.**
5. You have the right to ask that we communicate with you about your PHI in a certain way or at a certain location. For example, you can ask that we contact you only at work or by U.S. mail. Your request must be in writing and submitted to the appropriate contact listed below. We will try to accommodate all reasonable requests.
6. You have the right to receive a paper copy of this Notice, even if you have agreed to receive this Notice electronically. To obtain a paper copy of this notice, please contact: EVC Student Health and Wellness Services, (408) 270-6480 or SJCC Student Health front desk (408) 288-3724
7. You have the right to language assistance services and appropriate auxiliary aids and services, free of charge. Language assistance services and appropriate auxiliary aids and services are available to all students and members of the public.

Our legal duty:

We are required by law to maintain the privacy of your protected health information, provide this notice about our legal duties and privacy practices, abide by the most current notice of privacy practices, and to notify you if there is a breach of your information. We reserve the right to change the terms of this notice at any time. If we revise material terms of this notice, an updated copy will be provided to you electronically and posted in the SJCC/EVC waiting area.

Complaints:

NOTICE TO CLIENTS:

(If clinician is a Physician)

The Medical Board receives and responds to questions and complaints regarding the practice of physicians and surgeons and certain allied health care professionals. If you have questions or complaints, you may contact the Board on the Internet at <https://www.mbc.ca.gov/contact/>, calling (916)-263-2528, or writing to the following address: Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815.

NOTICE TO CLIENTS:

(If clinician is a Nurse Practitioner or Registered Nurse)

The Board of Registered Nursing receives and responds to complaints regarding registered nurses and certified advanced practice nurses. If you wish to file a complaint, you may contact the Board on the Internet at <https://www.rn.ca.gov/enforcement/complaint>, faxing: (916) 574-7693, or writing to the following address: Board of Registered Nursing, Attn: Complaint Intake, PO Box 944210, Sacramento, CA 94244-2100.

NOTICE TO CLIENTS:

(If clinician is a LMFT, LEP, LCSW, LPCC)

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov or by calling (916) 574-7830.

NOTICE TO CLIENTS:

(If clinician is a PSYD)

The Department of Consumer Affairs' Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints, you may contact the Board on the Internet at www.psychology.ca.gov, by e-mailing bopmail@dca.ca.gov, calling 1-866-503-3221 or writing to the following address: Board of Psychology, 1625 North Market Blvd, Suite N-215, Sacramento, CA 95834.

We welcome the opportunity to respond to your questions and concerns and to resolve any complaints you may have about the access, use or disclosure of your PHI. If you believe your privacy rights have been violated, you may file a complaint with us, or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. To file a complaint with us, you must contact:

San José City College
Coordinator of Student Health Services
2100 Moorpark
Avenue San Jose, CA
95128 408-288-3724

Evergreen Valley College
Director of Student Health & Wellness Services
3095 Yerba Buena Rd
San Jose CA 95135
408-274-7900 x6528