



PRIVACY POLICY NOTICE

HEALTH INFORMATION USE AND DISCLOSURE AUTHORIZATION

The University of Puerto Rico and its campuses, in compliance with the 1996 Health Insurance Portability and Accountability Act (HIPPA) law, and in agreement with law Number 194, Article 11, Patient's Bill of Rights and Responsibilities, year 2000, establishes guidance and consent regarding the use and disclosure of its patients' protected health information before requesting any health service at their Medical Services facilities.

As health services' providers the Medical Services Departments and Offices (DSM/OSM) and their personnel have the obligation in law of protecting and guaranteeing the confidentiality and privacy of the health information of their patients. Protected health information includes, but is not limited to medical history, laboratories, diagnostic tests and exams, medical or psychological evaluations and treatment, nursing intervention, symptoms and diagnoses, as well as any information regarding medical care and health plans.

Protected health information Will be used to: a) plan your medical or psychological care and treatment, b) communication among health professionals who participate in your health care, c) information to determine a medical/surgical diagnostic, d) billing and audits of services' use as part of your health plan, e) quality and effectiveness of services' audit, and f) compliance with the laws, rules, regulations or administrative orders emitted by the Puerto Rico Health Department.

When signing this authorization, you allow the DSM/OSM, through their personnel and associates, to use your health information and disclose it within the parameters allowed by law. The effectiveness of this consent is conditioned to requesting and receiving health services from the DSM/OSM of the University of Puerto Rico's campuses and Will be valid while you are pursuing your university studies.

I certify that I have read the dispositions of this authorization, that I understand them, and that I agree to the terms and conditions expressed in it.

Student's Signature:

Student's Name:

Student's Number:

***Parent or Guardian's Signature:**

***Parent or Guardian's Name:**

Date:
