



## HIGH SCHOOL HEALTH (WELLNESS) CENTERS

\*\*\*\*\*

### NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

Effective April 14, 2003, the Wellness Center must comply with the Privacy Rules as detailed in the Health Insurance Portability and Accountability Act ("HIPAA"). By law we are required to provide you with a copy of the Wellness Center's Notice of Privacy Practices. The Notice describes how the Wellness Center may use and disclose health information about the student. It also explains how you can get access to this information.

The Wellness Center is committed to taking steps in compliance with applicable law, to protect your privacy and confidentiality. We want you to know that we may use your health information for purposes of your treatment, to obtain payment for services that we provide to you and for purposes of Wellness Center operations. For more information on how we may use and disclose your health information, please read our Notice of Privacy Practices.

The terms of Notice may change. The most current Notice will always be posted in the Wellness Center. You may also contact the Wellness Center staff to obtain the most current copy.

-----  
I hereby acknowledge that I have received a copy of Beebe Healthcare's Wellness Center Notice of Privacy Practices:

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

OR (only one signature is required)

**X** \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
(Parent/Legal Guardian's Signature)



DELAWARE HEALTH  
AND SOCIAL SERVICES  
Division of Public Health