



## **Privacy Notice Acknowledgement Form**

Patient Name: \_\_\_\_\_ J #: \_\_\_\_\_

We have made available to you USA Student Health Center's Privacy Notice. PLEASE REVIEW THIS NOTICE AND STATEMENT CAREFULLY!

You may have a personal copy of the NOTICE and STATEMENT, or you may access the NOTICE and STATEMENT online links at: <http://www.southalabama.edu/studenthealth/>

The Privacy Notice describes how medical information about you may be used and disclosed and how you can get access to this information. It also details your rights as a patient at USA Student Health.

**I acknowledge that I have been given an opportunity to review USA Student Health's Privacy Notice. I acknowledge that I am entitled to have my own personal copy of the Privacy Notice and that USA Student Health has made available a copy of this document.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_