

**STATE CENTER COMMUNITY COLLEGE DISTRICT
HEALTH SERVICES**

Fresno City College 1101 E. University Ave. Fresno, CA 93741 (559) 442-4600	Reedley College 995 N. Reed Ave. Reedley, CA 93654 (559) 638-3641	Clovis Community College 10309 N. Willow Ave. Fresno, CA 93730 (559) 325-5200	Madera Center 30277 Avenue 12 Madera, CA 93637 (559) 675-4800
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STATEMENT OF CONFIDENTIALITY AND PATIENT RIGHTS

Except for very unusual cases, your rights to confidentiality, between you and your health care provider are assured. State law requires this office to comply with reporting the following:

1. There is sufficient reason to suspect physical or sexual abuse of a child or elderly person or dependent adult.
2. Threat of bodily harm to another person must be reported to the intended victim and to the appropriate peace officer agency.
3. Mandated requirements of court orders and court-ordered subpoenas will be met.

As a patient, you have the right to expect the following from this office:

1. Except for certain vaccines there is no charge to enrolled students for health services. Your participation is voluntary.
2. Your records in Health Service are confidential and maintained in a secure electronic record system.
3. The number of visits are counted and recorded anonymously for statistical purposes only.
4. All oral, paper or electronic or electronic communications pertaining to your physical or mental health or the payment for health care treatment will be kept confidential.
5. You have the right to review all your Health Service records and amend health information.
6. Confidential information may be sent to other health care providers without your consent if, in the nurse's judgment, delay would jeopardize your health. The information disclosed must be directly relevant to the nurse's involvement in your health care and an attempt to obtain your consent will be made as soon as reasonably possible.
7. Authorization to disclose information about non-clinical and/or payment issues, such as employment or insurance must be obtained prior to the release of specific information. However, treatment cannot be withheld if you refuse to grant this authorization.
8. We adhere to a minimum disclosure standard, and only the minimum health information required will be released at any time.

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STATEMENT OF CONFIDENTIALITY AND PATIENT RIGHTS

My electronic signature below gives consent for nursing services at Fresno City College Health Services. Services include, but are not limited to:

- TB skin testing
- First Aid, wound care
- Health Appraisal
- Assessment and Referral
- Access to over-the-counter medications
- Specified provider prescribed medications, *determined* on a case by case basis, after consultation with the student's physician*
- Immunizations:
 - I have received and read vaccine information sheets relevant to the immunization(s) I am receiving, and understand the risks and benefits of receiving the requested immunization(s). I have had the opportunity to ask questions, and have had my questions answered to my satisfaction.
 - I give consent to share my immunization record with my program director and/or FCC instructor upon their request (applicable to students enrolled in Health Science programs).

In addition, my signature verifies I have been provided a copy of the FCC confidentiality statement regarding my record in Fresno City College Health Services.

Revised 4/7/2021

Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____

Student/Employee ID Number: _____