

John C. Longest Student Health Center
360 Hardy Rd. Mississippi State, MS
Phone (662)-325-2431
Fax (662)-325-8888

Private Demographic Information

Print Name: _____ Date of Birth: ____/____/____

MSU ID: _____ NET ID: _____ Social Security #: _____

Address: _____

Street City State Zip Code

Email Address: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Sex: Male Female Marital Status: Single Married Divorced

Place of Employment (if not a student): _____ Phone: (____) _____

Insurance

Check Here If No Insurance: _____ Insurance Company Name: _____

Mailing Address: _____

(on back of card) Street/P.O. Box City State Zip Code

Insurance ID Number: _____ Group Number: _____

Insurance Policy Holder (Person Who Owns Policy)

Name: _____ Sex: Male Female

Address: _____

Street City State Zip Code

Date of Birth: ____/____/____ Cell Phone: (____) _____ Work Phone: (____) _____

Relationship to Patient: Self Spouse Parent Employer/School _____

Emergency Contact

Last Name: _____ First Name: _____ Relationship: _____

Cell Phone: (____) _____ Work Phone: (____) _____

**John C. Longest Student Health Center P.O.
Box 6338
Mississippi State, MS 39762
Phone 662-325-2431 Fax 662-325-8888**

Consent to Treat, Release of Information, Authorization to Pay Physician

I request and give permission to my SHC provider to provide and perform such medical care, test, procedures, drugs, other services, and supplies are considered necessary or beneficial by my SHC provider for my health and well-being. I acknowledge that no representations, warranties or guarantees as to the results or cures have been made to me or relied upon by me. I authorize the release of any medical or other information necessary to process this claim and as necessary to collect debts owned by me to the SHC. I also request payment of government benefits either to myself or to the party who accepts assignment below. I understand that charges are due at the time service is rendered. I authorize any insurance benefits be paid to the physician.

I acknowledge and agree that I am financially responsible for the full cost of any services provided that are not covered, not authorized, or otherwise deemed non-covered by my health insurance plan for the date of service. *This does not apply to Medicare, Medicaid, Tricare, or any other government payers.

Print Name: _____ **DOB:** _____

NET ID: _____ **MSU ID:** _____

Circle One: Student Faculty/Staff Private

Patient Signature: _____ **Date:** _____

Health Insurance: NO or YES

MSU Employees Only: Please note that employees enrolled in classes do not qualify for complimentary office visits. Unpaid employee and/or dependent balances will be transferred to the employee's Banner account after 60 days. You may pay your balance at the health center at any time.

For Practice Use Only
Signature of Practice Employee: _____ Date: _____
Revision 08/04/2025

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Mississippi State, MS 39762
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Notice of Privacy Practices Receipt

I acknowledge that I was provided (see following pages) with the HIPAA Notice of Privacy Practices revision August 20, 2019 of Longest Student Health Center. Longest Student Health Center Privacy Official, Jennifer Williams 662-325-2431.

Print Name: _____ **Date of birth:** _____

Patient Signature: _____ **Date:** _____

Personal Representative of the Patient (if applicable)

Print Name: _____

Signature of Personal Representative: _____ **Date:** _____

Relationship to Patient: _____

For Practice Use Only

Signature of Practice Employee: _____ Date: _____

Revision 8/3/2022

Notice of Privacy Practices for MSU Faculty, MSU Staff, Family Members of MSU Students, and Any Other Nonstudents Receiving Services at Longest Student Health Center

Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION IN ACCORDANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT ("HIPAA"). PLEASE REVIEW IT CAREFULLY.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you, unless, your medical record pertains to mental health treatment and your provider concludes that your physical or emotional well-being will be jeopardized by viewing such records. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- You may also file a complaint by contacting our HIPAA Privacy Officer, Jennifer Williams at
 - Phone number **662-325-2431**
 - by mail at **HIPAA Privacy Officer / Longest Student Health Center/ P.O. Box 6338/ Mississippi State, MS 39762**
 - or by emailing **health@msstate.edu**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.
- Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
- Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

- We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual expires.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Mental Health Records

- Notwithstanding the foregoing, Mississippi law prohibits MSU from disclosing your mental health records without your written authorization except in certain circumstances: (i) upon order of a court of competent jurisdiction; (ii) when necessary for your continued treatment; (iii) when necessary for the continued treatment of a patient; (iv) when, in the opinion of the MSU SHC director, release is necessary for the determination of eligibility for benefits, compliance with statutory reporting requirements, or other lawful purpose, including, but not limited to, reporting information if there is a reasonable suspicion of abuse of children or vulnerable adults; and (v) you are likely to harm yourself or others unless protective measures are taken.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time, provided, however, we may have already relied on your authorization with respect to certain disclosures that you approve. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

The notice of medical information privacy is effective August 20, 2019.