	Oregon Health & Science University Hospitals and Clinics	ACCOUNT NO.	
OHSU	MR1470	MED. REC. NO. NAME BIRTHDATE	
	STUDENT HEALTH & WELLNESS CENTER CONFIDENTIALITY STATEMENT		
	Page 1 of 2	Patient Identification	
•		distinct from your academic and research program, as well	
•	Information disclosed within primary care and	behavioral health appointments is confidential and may Health & Wellness Center without your written permission,	
•	• We will not disclose any medical or behavioral health information to the faculty, associate deans, program directors, administrators, or principal investigators except with your written permission, as required by law or as may be allowed by law. See more details below.		
•	Because Student Health & Wellness Center promotes a holistic view of health that recognizes the interrelatedness of physical and mental health, a close working relationship exists between primary care and behavioral health providers within Student Health & Wellness Center Providers sometimes consult with one another to help ensure that you receive the care you need.		
•	Student Health & Wellness Center maintains confidential records of all patient contacts in accordance with state and federal law, and professional ethical guidelines established for all staff.		
•	Student Health & Wellness Center uses an electronic health record called Epic to keep track of your health history while being seen in the Student Health & Wellness Center.		
	will be maintained separately from me	udent Health & Wellness Center records are confidential and edical records created at OHSU hospitals and clinics. Your /ellness Center are not viewable by OHSU providers outside	
	medical record and they may be view	r medical records are confidential but will be part of the OHSU rable to other OHSU providers if there is a clinical need. This by OHSU hospital or clinic. Please see <u>OHSU's Notice of</u> n.	
	<ul> <li>Please ask your provider if you have</li> </ul>	specific questions about this.	
•		ew your records or release them for purposes other than our make an appointment with a provider to discuss the	
•	Student Health & Wellness Center. We prefer	al form of electronic communication between you and not to use email to communicate, except for appointment email us for other concerns, we will redirect you to use	
•	If we refer you to another provider, relevant in under FERPA or HIPAA (as applicable), in or	formation from records may be forwarded as permitted der to ensure continuity of care.	
•	All faculty providers in the Student Health & Wellness Center are prohibited from ever grading or evaluating our patients in any of their educational or training settings. While we might meet with or speak to student or postdoctoral groups in an academic setting, responses, attendance or any form of evaluation is strictly prohibited.		
In certain circumstances, providers may share information about you without your permission as may be permitted or required under applicable law, including FERPA or HIPAA (as applicable). For example, providers may need to release certain information in circumstances including but not limited to the following:			

- You indicate intent to harm yourself or others.
  - You reveal abuse or neglect of a child, or of an elderly, dependent, or disabled person. .

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•	To monitor compliance with state or federal vaprograms.	accination requirements for students placed ir	ı clinical training	
•	You have a medical emergency			
•	You are diagnosed with a reportable disease	as required by the State Health Department.		
٠	<ul> <li>A court of law orders disclosure of information about your treatment.</li> </ul>			
•	A provider has reason to believe that you are impaired in your ability to safely care for patients.			
•	A provider has reason to believe that you have violated OHSU's Code of Conduct in a way that jeopardizes your safety, or the safety of your peers or patients.			
•	Under the Patriot Act, we may be required to o who are conducting national security and intel President or other important officials. By law v information to the government.	lligence activities or providing protective servi	ces to the	
proce	e sign below to indicate that you have read and dures, your rights and responsibility, and limits ons you might have about this information with	of confidentiality. You also agree that you will		
Signatı	Ire	Printed Name	Date	