

Explanation of MJC Health Services

Welcome to Health Services! Please complete this form to acknowledge your understanding of the intended use of MJC Health Services and our reporting requirements.

I understand (please check boxes below):

- MJC Health Services provides services to currently enrolled MJC students only (exceptions are made depending on the MJC program).
- MJC nurses and physicians will evaluate and treat most minor, temporary physical and emotional conditions that require short-term care. When appropriate, every effort will be made to assist students in establishing care with an outside provider.
- Under most circumstances, you will need to sign a written consent before we disclose your records, but Family Educational Rights and Privacy Act (FERPA) regulations also list circumstances under which your records may be disclosed without your prior written consent:
 - Disclosure in connection with a health and/or safety emergency if knowledge of the information is necessary to protect the health and safety of you or other persons (for additional disclosures not requiring written consent, see **Modesto Junior College Health Service's Notice of Privacy Practices**).
- According to state/federal laws, nurses and physicians are also mandated to disclose information in the following situations, without your consent:
 - When a student presents a serious and imminent threat of harm to self or others.
 - When there is reasonable suspicion of child abuse/neglect or elder/dependent adult abuse and/or abandonment.
 - When there is physical injury resulting from assault or abuse.
 - When a reportable disease is suspected or diagnosed.
 - To comply with a court-ordered subpoena and/or legal proceedings.
- Any data reports/surveys obtained from Health Services will be aggregated data and will not contain identifiable information.
- Health Services staff may contact you via your preferred contact method for continuity of care purposes, which may include text, email, and/or phone.

Signature: _____

Date: _____

Receipt of Privacy Practices

I have received the **Modesto Junior College Health Service's Notice of Privacy Practices**. (You have the right to a paper copy of this Notice. If you prefer, an electronic version of the Notice of Privacy Practices is available on the MJC Health Services website.)

Last Name

First Name

DOB:

Signature: _____

Date: _____

W# _____

