CENTRAL MICHIGAN UNIVERSITY HEALTH SERVICES
ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE OF PRIVACY PRACTICES

I hereby acknowledge receipt of the University Health Services Notice of Privacy Practices. This notice describes how University Health Services may use and disclose my protected health information (PHI). I understand that the notice may be changed at any time. I understand that I may obtain a current copy of the Notice by contacting Health Services at 989-774-4367, by visiting the Health Services website at www.healthservices.cmich.edu, the University's website at www.hipaa.cmich.edu or by requesting a copy at University Health Services, Foust 202.

_____ _____ _____
Patient's Name (print) Date CMU ID#

Signature _____ _____
(patient/parent/guardian) (relationship to patient)

FOR CLINIC USE ONLY:

For Patients Not Acknowledging Receipt: I hereby certify that the patient did not acknowledge receipt of the University Health Services Privacy Practices because: _____

Signature of University Health Services

Staff:_____ Date_____

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COMMUNICATION

To better serve your needs, University Health Services may communicate with you through email and secure messaging. Health Services sends appointment reminders to your CMU email address as well as notifications that you have a secure message waiting. Your provider may use secure messaging to notify you of lab results or to provide other information about your care. No protected health information is sent to your email address. You must log into the patient portal to retrieve your secure message.

____(Initial Here) My initials indicate my agreement to receive email appointment reminders and secure messages from CMU Health Services. I understand that I may opt out of either of these at any time by notifying Health Services in writing.

_____(Initial Here) I do not wish to receive email appointment reminders or secure messages from CMU Health Services.

Date _____

Revised 12/10/12