

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I understand that as part of my health care, Middle Georgia State University and its affiliates originate and maintain health records. These health records describe my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- a basis for planning my care and treatment
- a means of communication among the many health services billed were actually provided and a tool for quality assurance operations such as assessing quality and reviewing the competence of health care professionals

Middle Georgia State University and its affiliates' **Notice of Privacy Practices** located here http://www.mga.edu/health-clinic/docs/HIPAA_Notice_of_Privacy_Practices.pdf gives a more complete description of how my health information may be used or disclosed. The notice also explains my rights regarding my personal health information, including the right to access my own records and the right to request restrictions as to how my health information is used or disclosed.

I understand it is my responsibility to notify Middle Georgia State University