MINNEAPOLIS SCHOOL BASED CLINICS program

Data Privacy Acknowledgment

A program of the Minneapolis Department of Health & Family Support

Why are we giving you this form to sign?

To let you know how private health information about you may be used, shared and how you can get access to this information. As we care for your health, we learn about you. Some of what we learn becomes part of your medical record and billing records. To protect your privacy the School Based Clinic follows state and federal laws. The Notice of Privacy Practices provides detail about these rules.

Who has access to the information you supply?

1. Upon request, YOU may generally review any information the Clinic collects concerning your care.
2. Upon request, YOUR PARENTS may generally review information the School-Based Clinic collects concerning your care, except for the following:
   a) If your clinic visit was related to pregnancy and conditions associated with pregnancy, sexually transmitted diseases, family planning, alcohol and/or drug abuse
   b) You have the right to request that parental access to all of your clinic health information be denied. If you do not want your parents to have access to any of your clinic health information, you must make that request in writing explaining the reasons you do not want your parents to have access to your health information and sign the request. The Clinic will honor your request to deny parental access if your health care provider determines that it would be in your best interests to do so. You can request a "Deny Parental Access Form" from Clinic staff to make your request.
3. School-Based Clinic staff and contractors whose work assignment requires it.
4. Other health care professionals when necessary for providing care for you.
5. If you receive SBC Mental Health Services your service data will be entered to a database shared with outside evaluators for purpose of program monitoring and evaluation.
6. Child Protection and/or law enforcement agencies on matters relating to suspected child abuse/neglect.
7. State, Federal, and local agencies or health departments may be provided summary information for statistical purposes with all identifying information removed.
8. We may release your information to protect the health or safety of you or others.
9. Our attorney and our attorney's staff if necessary.
10. Others as described in our Notice of Privacy Practice, including when we are required by law, including officials with a valid subpoena, warrant, or court order.

Information will not be given to any other agency or individual without your (or, when appropriate, your parent's) written consent unless authorized by state or federal law.

The School-Based Clinic Medical Records are kept separate from any school records. When you leave high school, your records will be securely stored as required by law.

What are your rights when supplying information?

You have the right to refuse to supply the information we request. However, refusal to supply medical history and other information limits our ability to provide quality health care and may result in ineffective treatment or no treatment at all.

Acknowledgement of Receipt of the Notice of Privacy Practices

Our Notice of Privacy Practices provides information of how our clinic may use or share private health information about you for treatment, payment and clinic operations. A paper copy is available at each School Based Clinic or can be found on our web site: http://www.minneapolismn.gov/sbc.

I acknowledge that I have received a copy of the School Based Clinic Notice of Privacy Practices.

_____
Student Name (print)

_____ _____
Student Signature Date