

STATE CENTER COMMUNITY COLLEGE DISTRICT HEALTH SERVICES

Fresno City College
1101 E. University Ave.
Fresno, CA 93741
(559) 442-8268

STATEMENT OF CONFIDENTIALITY AND PATIENT RIGHTS

Your rights to confidentiality, between you and your health care provider, are assured. State law requires this office to comply with reporting the following:

1. There is sufficient reason to suspect physical or sexual abuse of a child or elderly person or dependent adult.
2. Threat of bodily harm to another person must be reported to the intended victim and to the appropriate peace officer agency.
3. Mandated requirements of court orders and court-ordered subpoenas will be met.
4. Every health care provider is mandated to report to the local health officer reportable diseases and conditions.
5. Immunizations and TB tests administered by Fresno City College Health Service will be entered into CAIR (California Immunization Registry). All California health care providers who administer vaccines and/or offer TB tests are required to advise parents of minors and patients of CA Immunization Registry Notice and enter immunization information, race and ethnicity information and TB results into CAIR.

As a patient, you have the right to expect the following from this office:

1. Except for certain vaccines, lab work, and over-the-counter products there is no charge to enrolled students for health services. Your participation is voluntary.
2. Your records in Health Service are confidential and maintained in a secure electronic record system.
3. The number of visits are counted and recorded anonymously for statistical purposes only.
4. All oral, paper or electronic or electronic communications pertaining to your physical or mental health or the payment for health care treatment will be kept confidential.
5. You have the right to review all your Health Service records and amend health information.
6. Confidential information may be sent to other health care providers without your consent if, in the nurse's judgment, delay would jeopardize your health. The information disclosed must be directly relevant to the nurse's involvement in your health care and an attempt to obtain your consent will be made as soon as reasonably possible.
7. Authorization to disclose information about non-clinical and/or payment issues, such as employment or insurance must be obtained prior to the release of specific information. However, treatment cannot be withheld if you refuse to grant this authorization.
8. We adhere to a minimum disclosure standard, and only the minimum health information required will be released at any time.

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My signature below gives consent for Fresno City College Health Services to provide, but are not limited to:

- TB skin testing
- First Aid, wound care
- Health Appraisal
- Assessment and Referral
- Access to over-the-counter medications
- Specified provider prescribed medications, *determined* on a case by case basis, after consultation with the student's physician*
- Immunizations:
 - I consent for my information to be entered into the CAIR.
 - I give consent to share my program required documents with my State Center Community College District Program.

In addition, my signature verifies I have been provided a copy of the FCC confidentiality statement regarding my record in Fresno City College Health Services.

Revised 07/08/2024

Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____

Student/Employee ID Number: _____