Notice of Privacy Form

**STUDENT RIGHTS:** Treatment with respect, consideration, dignity, and privacy. The Office of Health and Wellness pledges that all information shared in medical records or with Health and Wellness staff is confidential.

**STUDENT RESPONSIBILITY:** As partners in health care, students have responsibilities to present accurate information about their illness or complaints in a manner that is cooperative. Students are asked to keep appointments and to cancel with advance notice.

**PHOTO IDENTIFICATION NOTIFICATION:** Your university photos will be incorporated into the medical record for internal identification and safety purposes.

**AUTHORIZATION FOR EMERGENCY CONTACT:** Please contact the person named in the emergency contact section if I am being hospitalized or treated for any emergency or life-threatening medical condition and I am unable to contact them myself.

**NOTIFICATION OF COLLABORATION WITH COUNSELING SERVICES:** The Office of Health and Wellness works collaboratively with The Office of Personal Development and Counseling Services. Although written consent is routinely required, The Office of Health and Wellness may occasionally share limited health information about you with Counseling Services personnel without written consent if consent is not readily obtainable and there is a significant mental health or safety concern.

**NOTIFICATION OF IMMUNIZATION AND HEALTH REQUIREMENTS:** Carnegie Mellon University, Qatar policy requires that the following information be completed prior to your arrival on campus:

- Immunizations must be completed or you must provide evidence that they have been started
- Online Medical History Form completed
- Read and acknowledged this Notice of Privacy Form
- Comply with the university’s health insurance mandate

Failure to comply will result in not being able to register for classes and if applicable not eligible for Qatar Foundation Housing.

I have read and understand the above notifications.

To the best of my knowledge, the health and immunization history I have given is accurate. I understand that if this form is not completed by July 1st, administration suspension will occur and removal from campus housing if applicable.

____________________________________________________________________

Student Name __________________________ Date ____________

Reviewed 22/2/2015