





**HEALTH RECORDS RELEASE**

Counseling and Wellness Program, Texas A&M University at Qatar, (Continued)

*The following provide you with information on your rights and the procedures for exercising your rights to protected health information about you; and further more, it puts you on notice of the uses and disclosures expected to be made of your protected health information.*

- I understand that I reserve the right to review the notice prior to signing the consent.
- I understand that the TAMUQ Counseling and Wellness Program has reserved the right to change its privacy practices.
- I understand that I have the right to request the Counseling and Wellness Program to restrict how information is used or disclosed to carry out treatment, payment, or health care operations.
- I understand that the Counseling and Wellness Program is not required to agree to any of such restrictions.
- I understand that if the Counseling and Wellness Program does agree to my restrictions, the Counseling and Wellness Program is bound by the restriction.
- I understand that the authorization expires after 180 days.
- I understand that I have the right to revoke the consent, except to the extent that the Counseling and Wellness Program has already acted in reliance on the consent.
- I understand that this consent must be signed by me or by my parent or guardian if I am under 18 years of age and have not been emancipated.
- I understand that there are permitted uses and disclosures for which authorization is not required as in disclosures and uses for public health activities; health oversight activities; judicial and administrative proceedings; coroners and medical examiners; general law enforcement purposes; disclosures of directory information; banking and payment processes; research purposes; emergency circumstances; disclosures to next-of-kin if I verbally agreed to the disclosure; or there are circumstances where such agreement cannot practicably or reasonably be obtained; special classes such as for military purposes, the Department of Veteran Affairs, the Intelligence community, Department of State, and Foreign Services or other United States Government employees for medical clearance determinations; and other uses and disclosures where such use or disclosure is required by Qatar, US Federal or law of the state which your health provider is licensed and the use of disclosure meets all relevant requirements of such law.
- I understand that I may request that certain uses and disclosures of my protected health information be restricted, and Counseling and Wellness Program is not required to agree to such a request.
- I understand that I have the right to request, and a description of the procedures for exercising, the following with respect to my protected health information: (i) Inspection and copying; (ii) Amendment or correction; and (iii) An accounting of the disclosures of such information by the Counseling and Wellness Program.
- I understand that I may complain to the TAMUQ Director of Student Affairs, by calling (974) 423-0047 and if I believe that my privacy rights have been violated.
- I acknowledge that the information used or disclosed to any entity other than a health plan or health care provider may no longer be protected by the US federal privacy law.

Patient Signature	Date
Student ID #	
Parent or Guardian Signature	Date

Record released by: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Information Statement**

*"TX State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."*

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