

San Jose State University
The Valley Foundation School of Nursing
Student HIPAA- Medical Disclosure Form

This form explains how medical and other private information about you may be used and disclosed while you are in the nursing program, and your compliance responsibilities. Please read this carefully before signing. Save a second copy as a reference for your records.

Disclosure Policy

Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, The Valley Foundation School of Nursing, San Jose State University (SJSU) must comply with regulations from the office of Civil Rights, Department of Health and Human Services (DHHS) instituted April 14, 2003. This includes the privacy rule which identifies protected health information (PHI) in regards to the release of medical and other identifiable information that is written, on paper or orally communicated.

Privacy Rule

Under the Privacy Rule, students must be provided with a clear written explanation of how the School of Nursing (SON) may use and disclose their health information. Students have the right to review the student file; request amendments; and obtain an accounting of disclosures as to their health information. The student also has the right to file a formal complaint with the School of Nursing, SJSU as well as the Department of Health and Human Services about violations of the provisions of the Privacy Rule. *The student must authorize the use and disclosure of their health information in writing.*

Security standards under HIPAA require that administrative, technical, and physical safeguards including access controls, staff training, policies and procedures are in place to protect your personal information.

Applicability of Notice Disclosure

The Valley Foundation School of Nursing (TVFSON) at San Jose State University educates nursing students to be providers of health care in association with other professionals and organizations. The privacy practices in this notice will be followed by:

- a. All faculty and staff of the School of Nursing
- b. Any clinical agency with which we share health information.

We understand that medical information about a student is personal and are committed to protecting each student's privacy. In an effort to provide highest quality medical care and to comply with certain legal requirements, we will:

- a. Keep your medical information private
- b. Provide you with a copy of this notice
- c. Follow the terms of this notice
- d. Notify you if we are unable to agree to a restriction that you have requested.
- e. Accommodate reasonable request by you for us to communicate health information by alternative means or at alternative sites.

Compliance responsibilities of the student

All students in TVFSON at SJSU must comply with mandatory clinical agency/TVFSON requirements to be eligible to participate in clinical/ skill courses. This includes documentation of:

- A clear background check and drug screening upon admission to TVFSON
- Repeat background and drug screenings as required by individual agencies
- A Health Statement providing clearance for participation in clinical care
- Current immunizations* / titers (proof of immunity) / flu shot documentation
- Annual CPR and TB testing
- Proof of Health Insurance and Malpractice Insurance

Required documentation must be received by TVFSON's Compliance Coordinator on scheduled dates given during the acceptance process for students beginning the nursing program.

Agency specific requirements, such as mask fit testing, must be completed within the first 2 weeks of the semester or as required by the individual course instructor and / or agency.

Students who fail to produce documentation by the stated deadline will be required to drop / withdraw from the clinical / skills course and the corresponding theory course per the Board of Registered Nursing - California Code of Regulation Title 16 1426(d).

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*Health requirements are subject to change, and are included with the acceptance letter. Please refer to this document for current requirements.

How your information may be used and examples of disclosure

We will disclose medical information about you to support your training in clinical agencies to which you will be assigned throughout your nursing program. These agencies require that we validate that each clinical student has completed the appropriate health screenings, are up to date on appropriate vaccinations, have completed background checks and drug screenings, have appropriate health insurance, have medical clearance to participate in clinical, and have their own personal malpractice insurance.

Examples of Disclosure

Staff members working in a given clinical agency, typically the Education Department, require that prior to the beginning of each clinical rotation, clinical faculty submit a list of their students and verifies by signature thee students have completed required health screenings.

The Compliance Officer at the SON at SJSU will provide the clinical instructor with a print out of your health information. Clinical faculty, at the beginning of the semester, will review your student file to accurately verify the required information noted above.

Note*- We may disclose medical information about you without your prior authorization for several reasons including:

- a. Public Health – We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, child abuse or neglect, etc. as required by law.
- b. Clinical Associations – The professional associations between the SJSU TVFSON and the clinical agencies to which students are assigned throughout their clinical training necessitates that certain information regarding your health screening be verified prior to your beginning your clinical experiences. To protect your health information we require all our clinical associations to appropriately safeguard your information.

I, _____ hereby authorize the release of any PHI that may include medical, health
(Please Print your Full Name)
screenings, vaccinations, background checks and drug screenings, health insurance, medical clearance and malpractice insurance information that I have disclosed to the School of Nursing for the purposes of meeting the requirements of any and all clinical agencies to which I may be assigned. I am acknowledging that a copy of this form is available on the SON website and in the student handbook.

Signature

Date

Student ID

Semester: _____

Witness