

APPENDIX J

MOLLOY COLLEGE SCHOOL OF NURSING
Health Insurance Portability And Accountability Acknowledgment Form

Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a Federal Amendment to the Internal Revenue Code of 1986 concerning health insurance and issues in combating fraud and abuse in health insurance and health care delivery.

- HIPAA provides for standardization of the interchange of medical data
- Protects patient privacy
- Protects security of patient data

FERPA stands for Family Educational Rights and Privacy Act (Buckley Amendment). Passed by Congress in 1974 the Act grants four specific Rights to the student.

- The right to see the information the institution is keeping on the student
- The right to seek amendment to those records and in certain cases append a statement to the record
- The right to consent to disclosure of his/her records
- The right to file a complaint with the FERPA office in Washington

Confidentiality provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as provisions of the Family Educational and Privacy Act of 1974 (FERPA) have been explained to me and I fully understand them.

I hereby authorize release of information from my student health record to affiliated clinical agencies as indicated below in accordance with all relevant State and Federal confidentiality laws including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Federal Educational Rights and Privacy Act of 1974 (FERPA).

Name (Please print)

Signature

Date

<input type="checkbox"/> Baldwin High School District <input type="checkbox"/> Broadlawn Manor Nursing & Rehab. Center <input type="checkbox"/> Children & Family Services <input type="checkbox"/> CNR Health Care <input type="checkbox"/> Community Health Centers/Nassau Health Corp. <input type="checkbox"/> Good Samaritan Hospital Medical Center <input type="checkbox"/> Good Shepherd Hospice <input type="checkbox"/> Holliswood Hospital <input type="checkbox"/> Huntington Hospital <input type="checkbox"/> Jamaica Hospital <input type="checkbox"/> John T. Mather Memorial Hospital <input type="checkbox"/> Komanoff Center for Rehabilitative Medicine <input type="checkbox"/> Long Beach Hospital Home Care <input type="checkbox"/> Long Beach Medical Center <input type="checkbox"/> Long Beach Schools <input type="checkbox"/> Mercy Medical Center <input type="checkbox"/> Nassau Boces Teen Age Parenting Program <input type="checkbox"/> Nassau University Medical Center <input type="checkbox"/> New Hyde Park Schools <input type="checkbox"/> NY Hospital Medical Center of Queens	<input type="checkbox"/> North Shore/LIJ Health Care Systems <input type="checkbox"/> North Shore University Hosp. at Manhasset <input type="checkbox"/> North Shore University Hosp. at Glen Cove <input type="checkbox"/> North Shore University Hosp. at Plainview <input type="checkbox"/> North Shore University Hospital at Huntington <input type="checkbox"/> North Shore University Hospital at Syosset <input type="checkbox"/> Nursing Sisters Home Visiting Service <input type="checkbox"/> Our Lady of Consolation Geriatric Care <input type="checkbox"/> Pederson Kreg <input type="checkbox"/> Peninsula Hospital Center <input type="checkbox"/> St. Francis Hospital <input type="checkbox"/> St. John's Episcopal Hospital, South Shore <input type="checkbox"/> St. Mary's Hospital for Children <input type="checkbox"/> South Nassau Communities Hospital <input type="checkbox"/> South Nassau Home Care <input type="checkbox"/> South Oaks Hospital <input type="checkbox"/> The Center for Developmental Disabilities	<input type="checkbox"/> Visiting Nurse Association of Long Island <input type="checkbox"/> Visiting Nurse Service, Inc. <input type="checkbox"/> Visiting Nurse Service of New York City <input type="checkbox"/> Winthrop Home Care <input type="checkbox"/> Winthrop Poison Control <input type="checkbox"/> Winthrop University Hospital <input type="checkbox"/> Any other clinical agencies _____ _____ _____ _____
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