NEW PATIENT DATA

SIERRA COLLEGE HEALTH SERVICES

Legal Name: _____ & Preferred Name: _____ (if different) &

Address: _____ & City: _____ State:_____ Zip: _____ &

Check one: ☐ Student ☐ Staff & Sierra College ID: _____ &

Emergency Contact Name:_____ & Mobile Phone: _____ Relationship: _____ &

Preferred Phone Number:_____ Age: ____ DOB: _____/_____/_____
Month Day Year

Please read and initial:

____ I understand that Sierra College Health Services emphasizes health promotion and health maintenance through such services as physical examinations and consultations. Health Services also provides the evaluation and treatment of episodic illness. Health Services is **NOT** a substitute for your primary health providers. Sierra College Health Services cannot provide comprehensive health coverage for students. The hours of operation are limited and after hours medical care is **NOT** available.

____ We strive to keep health care costs to a minimum. Sierra College is not responsible for the costs of laboratory tests, diagnostic tests, medications or treatments ordered and incurred outside of Health Services. Payment for services, medications, treatment, etc. are payable at the time of service at Health Services. A hold is placed on student record at the end of each business day, for any outstanding student balance.

____ I understand I have the right to be treated with respect and courtesy, to have my conditions and treatment explained to me in understandable terms, to receive a second opinion before making a medical decision, to choose my provider-no questions asked and to privacy and confidentiality.

____ I have the responsibility to bring identification to verify enrollment, to be early or on time for my appointment (if I am more than ten minutes late, I may be rescheduled), to work as a team with our health providers to get well, to call and cancel or reschedule my appointment if I cannot keep it.

____ I understand that I will be seen by a nurse practitioner who will refer me to the clinic's medical director, if needed.

____ I understand that Sierra College Health Services is not set up to handle emergencies. Any condition or situation that poses threat to life, limb or organ should be handled at the nearest emergency department. Delay in seeking emergency treatment could result in serious injuries or death.

____ I understand that if I do not show up for three medical appointments, I may only be able to be seen as same day.

Notice and Acknowledgement of HIPAA Privacy Practices

____ & I have received the Sierra College Student Health Services' *Notice of Privacy Practices*. The *Notice of Privacy Practices* describes my rights and Sierra College Student Health Services' obligations concerning how my medical information may be used and disclosed and how I can get access to this information.

I have received a printed copy of the *Notice of Privacy Practices*: ☐ Yes ☐ No

_____ _____
Patient or Personal Representative Signature Date