



# Minor Notice of Privacy Practices

Please review the Dickey Health and Wellness Privacy Disclosure document on the Patient portal or in the clinic waiting room prior to completing this form.

<b>PATIENT NAME:</b> First and Last	<b>Student ID#:</b>	<b>DOB:</b> Month/Day/Year	<b>AGE:</b>
<b>TELEPHONE#:</b>	<b>Emergency Contact Name:</b>	<b>Emergency Contact Ph#:</b>	

### PRIVACY ACKNOWLEDGEMENT:

Dickey Health and Wellness Center Notice of Privacy Practice provides information about how we may use and disclose protected health information about you. It also provides information on what your rights are regarding your protected health information as outlined by the Health Insurance Portability and Accountability Act of 1996.

As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by making a request to Dickey Health and Wellness Center.

By signing this form, I acknowledge that I have received a copy of the Notice of Privacy Practice or had the opportunity to review the notice.

<b>Signature of Patient</b>	<b>Printed Name of Patient</b>	<b>Date:</b> Month/Day/Year
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-----OFFICE USE ONLY-----

**Telephone Consent Given By:**

<b>Parent/Guardian Name (Print):</b>	<b>Relationship to Minor:</b>	<b>Date:</b>	<b>Time:</b>
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**Witnesses: (2 Signatures required)**

**DHWC EMPLOYEE:**

<b>Print Name</b>	<b>Signature</b>	<b>Date:</b>
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**DHWC EMPLOYEE:**

<b>Print Name</b>	<b>Signature</b>	<b>Date:</b>
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