



NKN STUDENT HEALTH & WELLNESS CENTER

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Nehalem Bay Health Center follows Oregon law (ORS 109.640, 109.675) which permits minors age 15 and older to consent to medical and dental care, and minors 14 and older to consent to outpatient mental health or substance use treatment without a parent or guardian. Minors at any age may sign their own consent to access reproductive health services. While we encourage parental involvement and may notify parents when clinically appropriate (ORS 109.650, 109.680), we also ensure that student health records remain confidential and are only shared with school staff as permitted by law or with specific written authorization.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

- I understand that NKN Student Health & Wellness Center/Nehalem Bay Health Center will use and disclose health information about me.
- I understand that my health information may include information both created and received by NKN Student Health & Wellness Center/Nehalem Bay Health Center and may be in the form of written or electronic records or spoken words, and may include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.
- I understand and agree that NKN Student Health & Wellness Center/Nehalem Bay Health Center may use and disclose my health information in order to:
 - o make decisions about and plan for my care and treatment;
 - o refer to, consult with, coordinate among, and manage along with other health care providers for my care and treatment;
 - o determine my eligibility for health plan or insurance coverage, and submit bills, claims, and other related information to insurance companies or others who may be responsible to pay for some or all of my health care; and
 - o perform various office, administrative, and business functions that support my provider's efforts to provide me with, arrange and be reimbursed for quality, cost-effective health care.
- I also understand that I have the right to receive and review a written description of how NKN Student Health & Wellness Center/Nehalem Bay Health Center will handle health information about me. This written description is known as the Health Insurance Portability and Accountability Act (HIPAA) and describes the uses and disclosures of health information made and the information practices followed by the employees, staff, and other office personnel of NKN Student Health & Wellness Center/Nehalem Bay Health Center, and my rights regarding my health information.
- I also understand that a copy of the Health Insurance Portability and Accountability Act (HIPAA) is posted in the waiting/reception area of NKN Student Health & Wellness Center/Nehalem Bay Health Center.
- I understand that I have the right to ask that some or all of my health information not be used or disclosed in the manner described in the Health Insurance Portability Act (HIPAA), and I understand that NKN Student Health & Wellness Center/Nehalem Bay Health Center is not required by law to agree to such requests.

By signing below, I agree that I have reviewed, and I understand, the above information. I may request a copy of the Health Insurance Portability and Accountability Act (HIPAA).

Signature of Patient/Guardian/Patient Representative

Date