



**Parent or Guardian of Student under Age 18
ACKNOWLEDGEMENT OF PRIVACY NOTICE**

HIPAA Requirements

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires all health care providers to inform the parent or guardian of a minor (person under age 18) of their Notice of Privacy Practices for using or disclosing protected health Information to carry out treatment, payment, and/or health care operations.
- Please review Cornell Health's Notice of Privacy Practices. It describes our policy and the ways in which we use and protect your student's personal health information.
<https://health.cornell.edu/about/confidentiality-patient-rights#Privacy Notice>
- HIPAA also requires that we ask for written acknowledgment that you have been made aware of Cornell Health's Notice of Privacy Practices.

Signature of parent or legal guardian

I acknowledge that I have been made aware of the Notice of Privacy Practices of Cornell Health.

Please print:

Student name _____

Student date of birth (*mm/dd/yyyy*) _____

Name of parent or legal guardian _____

Signature of parent or legal guardian _____

Date (*mm/dd/yyyy*) _____

Please mail OR upload signed document

- Student (*only*) can **upload** this document to myCornellHealth, our patient portal:
Go to mycornellhealth.health.cornell.edu
Log in with Cornell net ID, password, and date of birth.
From Home Screen, click on:
 - Messages • New message • Send message or attachment to Health Records
- Parent/guardian or student can **mail** this document to:
Cornell Health, Attn: Health Records
110 Ho Plaza
Ithaca, NY 14853-3101