

John C. Longest Student Health Center
360 Hardy Rd. Mississippi State, MS
Phone (662)-325-5895
Fax (662)-325-8888

Student Demographic Information

Print Name: _____ Date of Birth: ____/____/____
MSU ID: _____ NET ID: _____

Insurance

Check Here If No Insurance: _____ Insurance Company Name: _____

Mailing Address: _____
(on back of card) Street/P.O. Box City State Zip Code

Insurance ID Number: _____ Group Number: _____

Insurance Policy Holder (Person Who Owns Policy)

Name: _____ Sex: Male Female

Address: _____
Street City State Zip Code

Date of Birth: ____/____/____ Cell Phone: (____) _____ Work Phone: (____) _____

Relationship to Patient: Self Spouse Parent Employer/School _____

Emergency Contact

Last Name: _____ First Name: _____ Relationship: _____

Cell Phone: (____) _____ Work Phone: (____) _____

**John C. Longest Student Health Center P.O.
Box 6338
Mississippi State, MS 39762
Phone 662-325-2431 Fax 662-325-8888**

Consent to Treat, Release of Information, Authorization to Pay Physician

I request and give permission to my SHC provider to provide and perform such medical care, test, procedures, drugs, other services, and supplies are considered necessary or beneficial by my SHC provider for my health and well-being. I acknowledge that no representations, warranties or guarantees as to the results or cures have been made to me or relied upon by me. I authorize the release of any medical or other information necessary to process this claim and as necessary to collect debts owned by me to the SHC. I also request payment of government benefits either to myself or to the party who accepts assignment below. I understand that charges are due at the time service is rendered. I authorize any insurance benefits be paid to the physician.

Print Name: _____ **DOB:** _____

NET ID: _____ **MSU ID:** _____

Circle One: Student Faculty/Staff Private

Patient Signature: _____ **Date:** _____

Health Insurance: NO or YES

MSU Employees Only: Unpaid employee and/or dependent balances will be transferred to the employee's Banner account after 60 days. You may pay your balance at the health center at any time.

For Practice Use Only

Signature of Practice Employee: _____ Date: _____

Revision 12/12/2024

Student/FERPA

**John C. Longest Student Health Center
P.O. Box 6338
Mississippi State, MS 39762
Phone 662-325-2431 Fax 662-325-8888**

Notice of Privacy Practices Receipt

I acknowledge that I was provided (see following pages) with the FERPA Notice of Privacy Practices revision August 20, 2019 of Longest Student Health Center. Longest Student Health Center Privacy Official, Jennifer Williams 662-325-2431.

Print Name: _____ **Date of Birth:** _____

Patient Signature: _____ **Date:** _____

Personal Representative of the Patient (if applicable)

Print Name: _____

Signature of Personal Representative: _____ **Date:** _____

Relationship to Patient: _____

For Practice Use Only

Signature of Practice Employee: _____ Date: _____

Revision 8/3/2022

Longest Student Health Center – FERPA Notice of Privacy Practices for Students

- All records generated, maintained or used as a result of services provided by the Longest Student Health Center (“SHC”) to students of Mississippi State University (“MSU”) are handled in compliance with the Family Educational Rights and Privacy Act (“FERPA”) and applicable Mississippi laws. MSU treats each SHC student record as either a “treatment record” or an “education record” for purposes of FERPA compliance.
 - A treatment record is a record maintained by the SHC on a student that: (i) is made or maintained by a MSU physician, psychiatrist, psychologist or other recognized professional or paraprofessional acting in his or her professional capacity or assisting in a paraprofessional capacity; (ii) is made, maintained, or used only in connection with the provision of treatment to the student; and (iii) is not disclosed to anyone (including the student) other than persons providing such treatment, provided, however, such records can be personally reviewed by a physician or other appropriate professional of the student’s choice upon receipt of written authorization from the student.
 - An education record is a record that is directly related to a student and is maintained by the SHC or by a third party acting for the SHC that does not qualify as a treatment record as defined above.
- In the event a treatment record or education record is related to the provision of mental health services, Mississippi law requires MSU to provide the student with access to his or her treatment / education records from the SHC unless his or her provider concludes that the student’s emotional or physical well-being will be jeopardized by viewing his or her records.¹
- MSU shall only disclose a student’s treatment records from the SHC when disclosure is necessary for continued treatment of the student or in the event of a written authorization from the student.²
 - In the event a student’s treatment record is disclosed for continued treatment, the record will remain a treatment record as long as the record is disclosed only to (i) those persons providing continued treatment to the student, or (ii) those physicians or other appropriate professionals of the student’s choice upon receipt of written authorization from the student.
 - If the treatment record is disclosed pursuant to a written authorization from the student, it will be treated as an education record by MSU and will be maintained in compliance with FERPA.
- With respect to SHC records treated as education records, a student has the following rights under FERPA:
 - To inspect and review the student's education records within 45 days of the day MSU receives a request for access. A student should submit to the registrar, dean, head of the academic department, or other appropriate official, a written request that identifies the record(s) the student wishes to inspect. The MSU official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the MSU official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.
 - The right to request the amendment of the student's education records that the student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

A student who wishes to ask MSU to amend a record should write the MSU official responsible for the record, clearly identify the part of the record the student wants changed, and specify why it should be changed.

If the MSU decides not to amend the record as requested, the University will notify the student in writing of the decision and the student's right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

- The right to provide written consent before MSU discloses personally identifiable information from the student's education records, except to the extent that FERPA authorizes disclosure without consent. The list of authorized disclosures without the student’s consent may be found here: <https://www.msstate.edu/students/publications-policies/ferpa/>.
- The right to file a complaint with the U.S. Department of Education concerning alleged failures by MSU to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5901

¹ Miss. Code Ann. § 41-21-102(7)

² Miss. Code Ann. § 41-21-97