

Student Name:

California Polytechnic State University 1 Grand Ave Bldg. 27 San Luis Obispo, Ca 93407-0210 Office 805-756-1211 Fax 805-756-5298

Date of Birth

Request to Decline Disclosure of Specific Protected Health Information via the Cal Poly Health & Counseling Portal

Please print.

Cal Poly Empl ID#	/ Empl ID# Telephone:	
Address:		
Please withhold the follow	ing Counseling Services notes	from publishing to my portal:
	date(s) (MM/DD/YYYY) of exc	
Provider:	Date(s) of visit(s):	Comment:
Disclosure information:		
	alth & Wellbeing (CH&W) will	begin publishing electronic health
• • •	<u> </u>	CH&W respects your right to privac
·	e requesting that CH&W not p	
·		in writing. Please note there may b
•		est. You will be notified in advance
such a need arises. This not	ice is intended to comply with	the 21 st Century Cures Act.
More information can be fo	und at https://www.healthit.g	gov/topic/information-blocking.
viore information can be to	and at <u>metps,//www.nearme.s</u>	
Student Signature:		Date:
Received by:		Date:
For ongoing requests, A	lert added to student chart indicatin	ng dates of request.
Nation of Duiveny Dunations	a masted in the Communication	& Wellbeing lobby and the website

Notice of Privacy Practices is posted in the Campus Health & Wellbeing lobby and the website. https://chw.calpoly.edu/health/privacy-policy. Copies available upon request.