

Tulane University
Notice of Privacy Practices
Effective as of February 16, 2026

THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions, please contact the Privacy Official at the phone number at the bottom of this notice.

This Notice is provided to you as a requirement of the Health Insurance Portability and Accountability Act and its implementing regulations (“HIPAA”).

We are required by law to protect the privacy of health information that may reveal your identity and to provide you with a copy of this Notice which describes the health information privacy practices of Tulane University (“Tulane”) under HIPAA. To better understand this law, you may want to read it. It is in 45 CFR Parts 160 and 164.

A copy of our current Notice will always be maintained in our office. You will be given a Notice at the time you first seek treatment. You will also be able to obtain your own copy by calling 504-988-0500, asking for one at the time of your next visit, or by visiting our website at counsel.tulane.edu/hipaa-policies-and-procedures.

WHO WILL FOLLOW THIS NOTICE

Tulane is a hybrid entity under HIPAA. As such, only those components designated by Tulane are subject to HIPAA. This Notice applies to those components of Tulane that Tulane has designated as its Clinical Health Care Component. For information about which components are part of the Tulane Clinical Health Care Component, visit counsel.tulane.edu/hipaa-policies-and-procedures.

The privacy practices in this notice will be followed by the Tulane Clinical Health Care Component and the Tulane Healthcare Affiliated Covered Entity, including:

- Any healthcare professional who treats you at any Tulane Clinical Health Care Component location, including any Tulane University Medical Group location and any Tulane Campus Health location.
- All departments of Tulane School of Medicine that are part of the Tulane Clinical Health Care Component.
- All other Tulane departments that are part of the Tulane Clinical Health Care Component.
- All other components of the Tulane Healthcare Affiliated Covered Entity, including Tulane Pharmacy LLC.
- All employees, medical staff, affiliates, trainees, students or volunteers of the above entities.

While each of these facilities may operate independently, they may share your health information for coordination of care, treatment, payment and health care operations purposes.

This Notice does not cover health information generated and maintained by a hospital for hospital services provided to you by a Tulane physician. Please refer to the hospital’s notice of privacy practices for how that health information may be used or maintained.

REQUESTS TO SHARE YOUR HEALTH INFORMATION WITH OTHERS

If you tell us that you want us to give your health information to someone, we will do so. You will need to fill out an authorization form which gives us permission to release your medical information. You may stop this authorization at any time. We are not allowed to force you to give us permission to give your medical information to anyone. We cannot refuse to treat you because you stop this authorization.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are described below. Not every use or disclosure in a category will be listed. Your health information may be stored in paper, electronic or other form and may be disclosed electronically and by other methods.

1. Treatment, Payment, and Health Care Operations

Tulane may use your health information or share it with others in order to provide health care services to you, obtain payment for those services, and run Tulane's normal health care operations. In some cases, we may also disclose your health information for payment activities and certain business operations of another health care provider or payor. Below are further examples of how your health information may be used and disclosed for treatment, payment, and health care operations without your written authorization.

- **Treatment:** Your health information may be used or shared by the doctors, nurses, technicians, residents, medical students, or other personnel who are involved in taking care of you. Tulane may also share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, X-rays, and follow-up care. We may disclose health information about you to people and entities outside Tulane who may be involved in your ongoing medical care. For example, Tulane doctors or clinicians may share your health information with another doctor, clinician, or someone at another medical practice or hospital, to determine how to diagnose or treat you. Your doctor or clinician may also share your health information with another doctor to whom you have been referred for further health care.
- **Payment:** We may use your health information or share it with others so that we obtain payment for your health care services. For example, we may share information about you with health insurance companies, government payors (such as Medicare and Medicaid), or other persons responsible for payment in order to obtain reimbursement for treating you. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment.
- **Health Care Operations:** We may use or disclose your health information in connection with our health care operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, to educate our staff on how to improve the care they provide for you, or to educate medical students and other trainees. We may disclose health information to other entities covered by HIPAA to conduct certain health care operations, such as quality assessment and improvement activities, or for healthcare fraud and abuse detection or compliance. In addition, we may use health information for customer service, business planning, and development, and we may utilize certain tracking technology vendors that are our "business associates" (as described below) to collect information about how you interact with our website or patient portal for these purposes.
- **Appointment Reminders, Treatment Alternatives, Benefits, Services and Other Information:** In the course of providing treatment for you, we may use your health information to contact you about health promotion activities, disease awareness, or case management or to remind you about an appointment for treatment or services. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you. However, in situations where a third party provides financial remuneration to us so that we make these treatments or health care operations-related communications to you, we will secure your authorization in advance as we would with any other marketing communication (as described later in this Notice). We may also inform you about generic equivalents of your current prescription, encourage you to continue to take your prescribed medication as directed, remind you to refill your current prescription, or provide you with information regarding self-administration of certain medications, even if a third party pays the reasonable costs incurred by us to make this communication to you.

- **Business Associates:** We may disclose your health information to contractors, agents, and other business associates who need the information in order to assist us with obtaining payment or carrying out our health care operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company. Another example is that we may share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your health information to a business associate, we will have a written contract with such business associate in which they agree to appropriately safeguard your health information.
- **Health Information Exchanges:** We may participate in one or more Health Information Exchanges (“HIEs”), which are electronic systems through which healthcare providers can share patient information according to nationally recognized standards and in compliance with federal and state laws that protect your privacy. Through HIEs, Tulane may be able to access records held outside Tulane for treatment, payment, health care operations and other permitted purposes, unless you have chosen to have your information withheld from the HIE by opting out of participation. If you choose to opt out of the HIE, Tulane will continue to use your health information in accordance with this Notice of Privacy Practices and the law but will not make your information available to others through the HIE. To opt out of the HIE, please notify your provider or clinic in writing. If you choose to opt out of the exchanges, your information will be excluded from all exchanges in which Tulane participates.
- **Organized Health Care Arrangements:** Tulane may share your health information with members of its various Organized Health Care Arrangements as allowed under HIPAA and as necessary to carry out treatment, payment or health care operations. These members include patient care settings affiliated with the Tulane.

2. Friends and Family Involved in Your Health Care

We may release to your family members, other relatives, and close personal friends, any health information that they need to know if they are involved in caring for you. For example, we can tell someone who is assisting with your care that you need to take your medication or get a prescription refilled or give them information on how to care for you. We can also use your health information to find a family member, a personal representative, or another person responsible for your care and to notify them where you are, about your condition, or of your death. If it is an emergency, or you are not able to communicate, we may still give certain information to a person who can help with your care.

3. As Required by Law

We may use or disclose your health information if we are required by law to do so. For example, we may disclose health information about you to the U.S. Department of Health and Human Services if it requests such information to determine that we are complying with federal privacy law.

4. Public Health and Safety Activities:

We may disclose your health information in certain situations and for certain purposes such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medicines
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

5. Research

Under certain circumstances, we may use or disclose your health information for research. For example, we may use health information in preparing to conduct a research project or to see if you are eligible to participate in certain research activities. Before we use or disclose health information for research, however, the research project will have been approved through a specialized approval process. We may also contact you to see if you are interested in participating in research.

6. Respond to Organ and Tissue Donation Requests

We may disclose health information about you with organ procurement organizations.

7. Coroners, Medical Examiners, and Funeral Directors

We may disclose health information to a coroner, funeral director or medical examiner upon death.

8. Workers' Compensation, Law Enforcement, and other Government Requests

We may use or disclose health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services
- To a correctional institution or law enforcement official, if you are an inmate or in the custody of law enforcement.

9. Disaster Relief

We may disclose your health information to a public or private relief organization assisting with a disaster or emergency.

10. Lawsuits and Legal Actions

We may disclose your health information in response to a court order, subpoena, warrant, summons or similar process.

11. Fundraising

Tulane may use your health information to contact you for fundraising purposes. It is always your choice to opt out of receiving fundraising communications from us. If you do not wish to be contacted for fundraising efforts, please call or email the Program Manager of the Grateful Patient, Family, and Friends Program at (504) 247-1383 or gratefulgiving@tulane.edu.

12. Creation of De-identified Information and Limited Data Sets

We may use your health information to create "de-identified" information in accordance with applicable law. After removing information that could identify you, your de-identified health information is no longer protected under HIPAA and may be used and shared for research or any other lawful purposes. We may also share your health information with a business associate for the purpose of creating de-identified information.

If your information is partially de-identified in a specific way, it is called a "limited data set," and may be used for certain limited purposes in accordance with applicable law and regulations. We may use and share a limited data set only for research, public health, or health care operations purposes. Anyone who receives a limited data set from Tulane must sign an agreement to protect your health information and not reuse it for other reasons. We may also share your health information with a business associate for the purpose of creating a limited data set.

13. Incidental Disclosures

Your information may be used or disclosed incidental to a permitted use or disclosure. An example of an incidental disclosure is calling your name in a waiting area for an appointment where others in the waiting area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures of your health information.

YOUR CHOICES WITH RESPECT TO CERTAIN DISCLOSURES OF YOUR HEALTH INFORMATION

We will never disclose your health information for the following purposes unless you give us your written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

If you provide us with permission to use or disclose such health information about you for such a purpose, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or release of such medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION:

1. Right to Get An Electronic or Paper Copy of your Medical Record

You have the right to get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

To request a copy of your medical information, please submit your request in writing as follows:

For medical records held by Tulane Campus Health, write to CHMedRecords@tulane.edu.

For other medical records held by Tulane University, write to TUMGROI@tulane.edu.

2. Right to Request Amendments

If you believe that the health information that we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept in our records. To request an amendment, please write to the Privacy Official. Your request should include the reasons why you think we should make the amendment. If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records.

3. Right to an Accounting of Disclosures

You have a right to request an "accounting of disclosures," which identifies certain other persons or organizations to whom we may have disclosed your health information in the previous six years. Many routine disclosures we make will not be included in this accounting; however, the accounting will include non-routine disclosures. To request an accounting of disclosures, submit the request indicating a time period within the past six years for the disclosures to the Privacy Official. We will provide one accounting per year for free, but will charge a reasonable, cost-based fee if you ask for another within 12 months.

4. Right to Request Additional Privacy Protections, Including Restriction of Disclosures to Health Plans

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations.

We are not required to agree to your request for a restriction except as described below, and in some cases, the restriction you request may not be permitted under law. However, if we do agree we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.

We are required to agree to a request to restrict certain disclosures of protected health information to a health plan if you pay, or another person on your behalf pays, out of pocket in full for the health care item or service.

5. Right to Request Confidential Communications

You have the right to request that we contact you about your health matters in a specific way (for example, home or office phone) or send mail to a different address. To request more confidential communications, please contact the Privacy Official. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

6 . Right to Have Someone Act on Your Behalf

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf. Your personal representative may exercise any of the rights of an individual described in this Notice.

7. Right to Obtain a Copy of Notices

You may obtain a paper copy of this Notice by requesting a copy at any time, even if you have agreed to receive the notice electronically.

8. Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact:

Privacy Official
1441 Canal Street, Suite 227
New Orleans, LA 70112
hipaa@tulane.edu
504-988-0500

To file a complaint with the U.S. Department of Health and Human Services, contact:

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.



**REQUIREMENTS FOR CERTAIN TYPES OF SENSITIVE HEALTH INFORMATION OTHER
INFORMATION ABOUT TULANE'S PRIVACY PRACTICES**

- If your health information is disclosed as described in this Notice, it may be redisclosed by the recipient and no longer protected by HIPAA.
- Tulane does not create or manage a hospital directory.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

PRIVACY OFFICIAL

Privacy Official
1441 Canal Street, Suite 227
New Orleans, LA 70112
hipaa@tulane.edu
504-988-0500.

If you have any questions about this Notice or would like further information, please contact the Privacy Official at 504-988-0500.

Appendix 1

NOTICE OF PRIVACY PRACTICES FOR TULANE UNIVERSITY PART 2 PROGRAMS

Federal law protects the confidentiality of substance use disorder patient records.

THIS NOTICE DESCRIBES:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE TULANE UNIVERSITY (“TULANE”) PRIVACY OFFICIAL BY PHONE AT 504-988-0500 OR BY EMAIL AT HIPAA@TULANE.EDU OR IF YOU HAVE ANY QUESTIONS.

If you receive treatment from a Part 2 Program at Tulane, the health information the Program creates about you is protected by the federal regulations governing the Confidentiality of Substance Use Disorder Patient Records set forth at 42 CFR Part 2 (“Part 2”). Part 2 programs exclude substance abuse screening that is performed in emergency rooms or by your primary care provider. Part 2 requires us to maintain the privacy of your records, to provide you with notice of our legal duties and privacy practices with respect to your Part 2 records, and to notify you of any breach of your unsecured Part 2 records.

We may use and/or disclose your Part 2 records amongst our staff as needed to provide care to you or to bill you for services, or otherwise in accordance with this Notice. We will not use or disclose your records for any reason not described amongst our staff for care or billing, or in this Notice without your written consent. We are required to abide by the terms of this Notice currently in effect.

THIS PART 2 NOTICE SUPPLEMENTS OUR HIPAA NOTICE OF PRIVACY PRACTICES, WHICH GOVERNS YOUR RIGHTS, OUR LEGAL DUTIES AND PRIVACY PRACTICES WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION, INCLUDING YOUR PART 2 RECORDS. IN THE EVENT OF A CONFLICT BETWEEN THESE NOTICES, WE WILL FOLLOW THE MORE STRINGENT REQUIREMENT.

PERMITTED USES & DISCLOSURES OF PART 2 RECORDS WITHOUT CONSENT

Part 2 Program Operations. We may share your Part 2 records amongst our Part 2 program staff as needed to provide services to you and to operate our Part 2 programs. We may disclose your Part 2 records to an entity having direct administrative control over the Part 2 program from which you are receiving services, to the extent needed for your diagnosis, treatment, or referral. We may also disclose your Part 2 records to qualified service organizations providing services to or on behalf of the Part 2 Program that have agreed in writing to protect the information in accordance with Part 2.

We may also use and/or disclose your Part 2 records for our own Part 2 programs’ fundraising purposes only if you are provided a clear and conspicuous opportunity to elect not to receive fundraising communications.

Medical Emergencies. We may disclose your Part 2 records to medical personnel to the extent necessary during a medical emergency during which you are unable to provide prior informed consent of the disclosure. We may also disclose your identifying information to medical personnel of the Food and Drug Administration (“FDA”) who assert a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

Scientific Research. We may use or disclose your Part 2 records for research purposes if it is determined that one or

more of the following is true:

- The recipient of the information is a HIPAA covered entity or business associate and either a patient authorization has been obtained or the authorization requirement has been waived under HIPAA;
- The research is conducted in accordance with the Department of Health and Human Services' policy on the protection of human subjects research (45 CFR Part 46); and/or
- The research is conducted in accordance with the FDA requirements regarding the protection of human subjects research (21 CFR Parts 50 and 56).

Audit and Evaluation Activities. We may use and/or disclose your Part 2 records for auditing or evaluation activities that are performed by or on behalf of a: federal, state, or local health care program; third-party payer or health plan; or quality assurance entities, such as accreditation or similar types of organizations focused on quality assurance.

Crime on the Premises, Threats and Abuse. We may disclose your substance use disorder records to law enforcement if your records are related to your commission of a crime on Tulane property, against Tulane personnel, or the threat to do either. Any disclosure for this purpose will be limited to circumstances of the incident, your name, address, and last known whereabouts.

Child Abuse/Neglect: We may disclose your Part 2 records when it is necessary to report incidents of suspected child abuse or neglect to the appropriate state or local authorities that are authorized to receive such reports.

Individuals Involved in Your Care. Depending on your age and mental capacity, we may be permitted to disclose your Part 2 records to your parent, guardian, or other personal representative, as applicable.

Deceased Patients. We may disclose your information relating to cause of death under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

Court Order with Compulsory Process. We may disclose your Part 2 records, or testify about the contents of those records, in response to a special court order that complies with the requirements of 42 CFR Part 2, Subpart E and is accompanied by a subpoena or similar legal mandate that requires the disclosure. More information about how we may use and disclosure your information for legal proceedings is set forth below.

Compliance Investigation by HHS. We may disclose your records to the Secretary of the U.S. Department of Health and Human Services (HHS) if required as part of an investigation by the Secretary to determine the Part 2 Program's compliance with Part 2.

USE AND DISCLOSURE OF YOUR INFORMATION FOR LEGAL PROCEEDINGS

We will not use and/or disclose your Part 2 records, or give any testimony relaying the content of such records, in connection with any civil, criminal, administrative, or legislative proceeding brought against you unless based on your specific written consent or a court order.

- If based on your consent, the consent may not be combined with a consent for any other purpose.
- If based on a court order, a notice and opportunity to object must first be provided either to you or to the holder of the records, as applicable, and the court order must be accompanied by a subpoena or similar order compelling the disclosure before your records may be used or disclosed.

USES AND DISCLOSURES WITH CONSENT

For all other uses and disclosures of your Part 2 records not described above, we must obtain your written consent. For example:

Treatment, Payment, or Health Care Operations: We may disclose your Part 2 records for treatment, payment, or health care operations purposes with your written consent. When your Part 2 records are disclosed to another Part 2 program, covered entity, or business associate pursuant to your written consent, they may be further disclosed by

that Part 2 program, covered entity, or business associate, without your written consent to the extent permitted under the HIPAA regulations. Recipients who are required to protect your information as required by HIPAA may share your information only as allowed by HIPAA except that they may not re-disclose information for civil, criminal, administrative, and legislative proceedings against you. In addition, you may provide a single consent for all future uses and/or disclosures of your Part 2 records for treatment, payment or health care operations purposes.

Designated Persons or Entities of Your Choice: We may disclose your Part 2 records to a person or class of persons you identify or designate in your written consent. For example, a consent may authorize us to disclose your Part 2 records to a family member or a friend.

YOUR RIGHTS UNDER PART 2

As a patient of a Tulane Part 2 Program, you have the following rights with respect to your Part 2 records, in addition to those rights described in our Joint HIPAA Notice of Privacy Practices:

- The right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations, as provided in 42 CFR § 2.26. We will review your request but are not required to agree unless the request relates to sharing information with your insurance provider and your care has already been paid by another source. If we agree to your request, we may still share your information where needed for emergency care or where required by law.
- The right to request and obtain restrictions of disclosures of records under this part to the patient's health plan for those services for which the patient has paid in full, in the same manner as 45 CFR § 164.522 applies to disclosures of protected health information.
- The right to an accounting of disclosures as provided in 42 CFR § 2.25 that meets the requirements of the HIPAA Rules, as such requirements are made effective by Federal regulators.
- The right to a list of disclosures by an intermediary for the past 3 years as provided in 42 CFR § 2.24.
- The right to obtain a paper or electronic copy of this Notice as well as our Joint HIPAA Notice of Privacy Practices upon request.
- The right to discuss this Notice with the Tulane Privacy Official or his or her designee.
- The right to elect not to receive fundraising communications.
- You have the right to revoke your written consent, except to the extent that we have already relied upon your consent and used and/or disclosed your Part 2 records.

To exercise any of these rights, including to opt-out of fundraising communications or to revoke a consent you previously gave us, contact the Tulane Privacy Official in the manner identified in this Notice.

LAWS WITH GREATER RESTRICTIONS THAN PART 2

If any federal or state law requires us to apply more stringent protections to your health information than what is described in this Notice, we will follow the more stringent requirement. For example, some laws may give greater privacy protections for certain types of sensitive health information, such as information related to mental health, HIV/AIDS and other communicable diseases, or genetic testing.

REVISIONS TO THIS NOTICE

We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for the Part 2 records that we maintain. In the event that we change the terms of this Notice, we will post a copy of the current notice in our facilities and on our website.

COMPLAINTS

As a patient, if you believe your privacy rights have been violated with respect to your Part 2 records, you may file a complaint with us by contacting the Tulane Privacy Official at 504-988-0500 or by email at hipaa@tulane.edu. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by visiting



[hhs.gov/hipaa/filing-a-complaint/index.html](https://www.hhs.gov/hipaa/filing-a-complaint/index.html). Tulane may not intimidate, threaten, coerce, discriminate, or take any other retaliatory action against any patient for the exercise by the patient of any right established, or for participation in any process provided for including the filing of a complaint.

Effective Date: February 16, 2026



**TULANE UNIVERSITY
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge that I received a copy of the Tulane University Notice of Privacy Practices. I consent and agree to the uses and disclosures of my health information described in the Notice of Privacy Practices.

I understand that Tulane may participate in one or more Health Information Exchanges (HIEs) and may share my health information for permitted purposes with other participants of such HIEs.

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

Patient Signature:	
Print Patient's Name:	
Date:	

If signed by patient's Personal Representative, please complete below:

Personal Representative's Signature:	
Print Personal Representative's Name:	
Print Patient's Name:	
Relationship to Patient:	