

**NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION, USE, OR RELEASE FOR THE
FLORIDA INTERNATIONAL UNIVERSITY HEALTHCARE NETWORK**

In accordance with Florida Statutes, Section § 119.071(5)(a)(2), this notification serves to inform you of the purposes for the collection, use, or release of your Social Security Number (SSN) by the Florida International University Healthcare Network.

The table below lists the purposes for the Florida International University Healthcare Network's collection, use, or release of SSNs and the statutory authority for such collection, use, or release:

PURPOSES	STATUTORY AUTHORITY
Patient identity verification; financial record management, billing and collections, and administration of health benefits.	Fla. Stat. § 119.071(5)

The collection, use, or release of your Social Security Number for the above purposes is imperative for the performance of the Florida International University Healthcare Network's duties.

Please note that this notification only lists the purpose for the collection, use, or release of your SSN by the Florida International University Healthcare Network. You may receive separate notifications from other divisions, departments, or units within FIU regarding the collection, use, or release of your SSN by FIU.

By signing this document, you acknowledge the receipt of the above statement.

Patient Name
(Printed): _____

Signature: _____

Date: _____

For completion when other than the patient signing:

I _____ am the legal guardian, custodian or have Power of Attorney for this patient, for purpose of treatment, payment or health care operations

Signature of Patient or Guardian: _____

Printed Name of Signer: _____

Relationship to Patient: _____

Patient Name: _____

DOB: _____