

Emergency Contact Information

Because of the Health Insurance Portability and Accountability Act (HIPAA), which protects health patient privacy, emergency contact information and permission to release information is required from you, the student. This information will only be used in the event of serious injury or death. Please provide a contact person who can make important medical decisions for you, if you are unable to do so for yourself.

Section 1: Student Information

Family/Last Name (Surname): _____ First/Given Name: _____

Date of Birth: _____ (MM/DD/YYYY) SSN # or ACC Alternative ID # _____

Section 2: Health Insurance Information - For students who currently have health insurance.

If you are currently covered by health insurance in your home country, please ensure this coverage is valid in the United States.

Health Insurance Provider: _____ Health Insurance ID Number: _____

Health Insurance Street Address: _____

City: _____ State: _____ Postal Zip Code: _____

Country: _____ Phone Number: _____

Section 3: Primary Emergency Contact

Family/Last Name (Surname): _____ First/Given Name: _____

Relationship to Student: _____ Language(s) spoken by this contact: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Phone Number: _____

Include country codes & area codes.

Section 4: Secondary Emergency Contact

Family/Last Name (Surname): _____ First/Given Name: _____

Relationship to Student: _____ Language(s) spoken by this contact: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Phone Number: _____

Include country codes & area codes.

Section 5: Certification

Austin Community College, International Student Office, has my permission to release information to my emergency contact(s)/parents, authorized representatives of my government, sponsor, and/or authorized representatives of the United States government.

In the event of an emergency situation involving my death or serious injury, I authorize my emergency contacts to receive medical and other necessary information so they may act on my behalf in such activities as banking, medical decisions, health insurance, billing, etc. I further authorize the International Student Office to obtain and relay, to my emergency contacts, information about my medical attention.

Student Signature: _____ Date: _____