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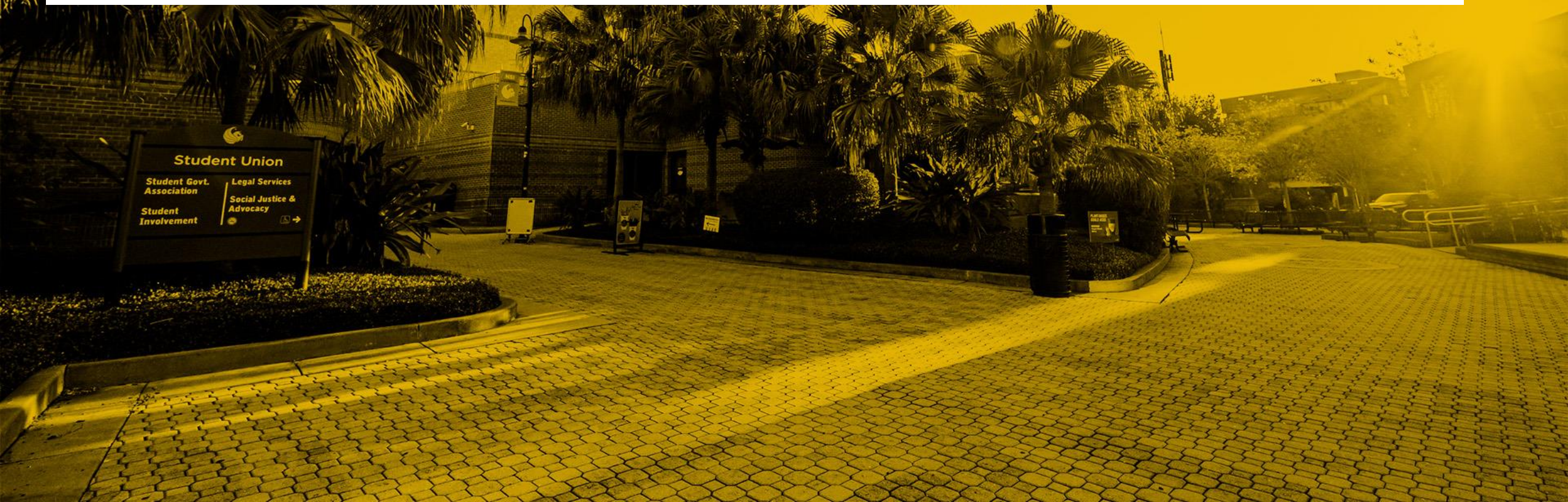
NAVIGATING UCF



Our Agenda

- Who's Who
- UCF Systems
- Important Policies to Know
- Why This Is Important to You

Who's Who

- **University President**
- **Provost and Administration**
- **Colleges**
- **Academic Success Coaches**
- **Faculty**
- **Administrators/Staff**
  - *Dean of Students*
  - *Ombuds Office*
  - *Student Care Services*
  - *First Year Experience*

UCF SYSTEMS

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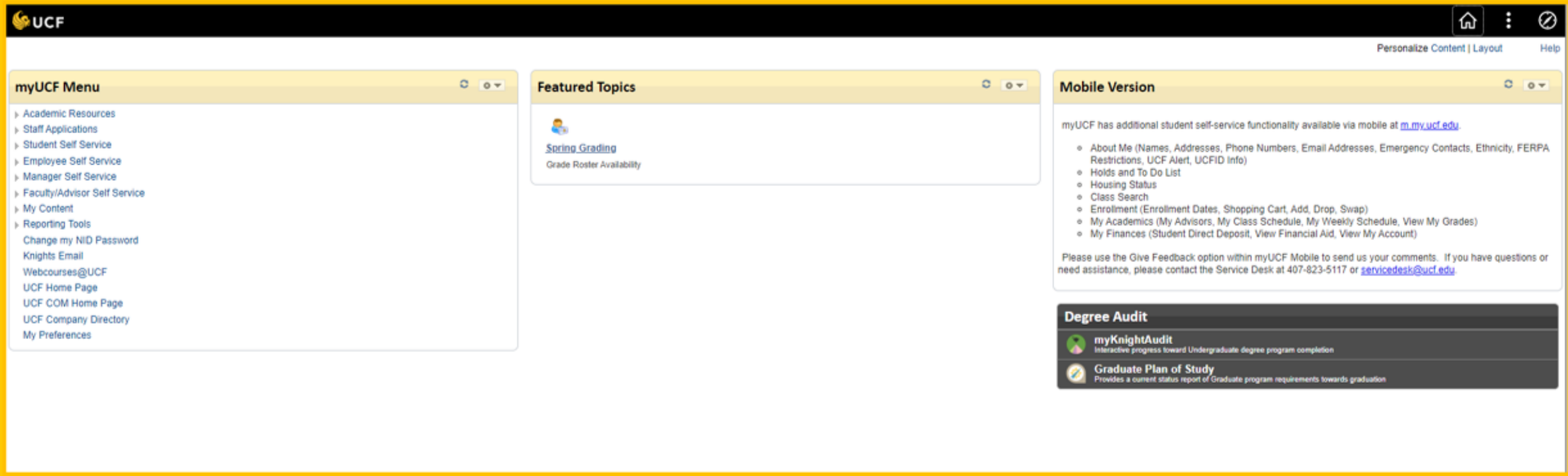

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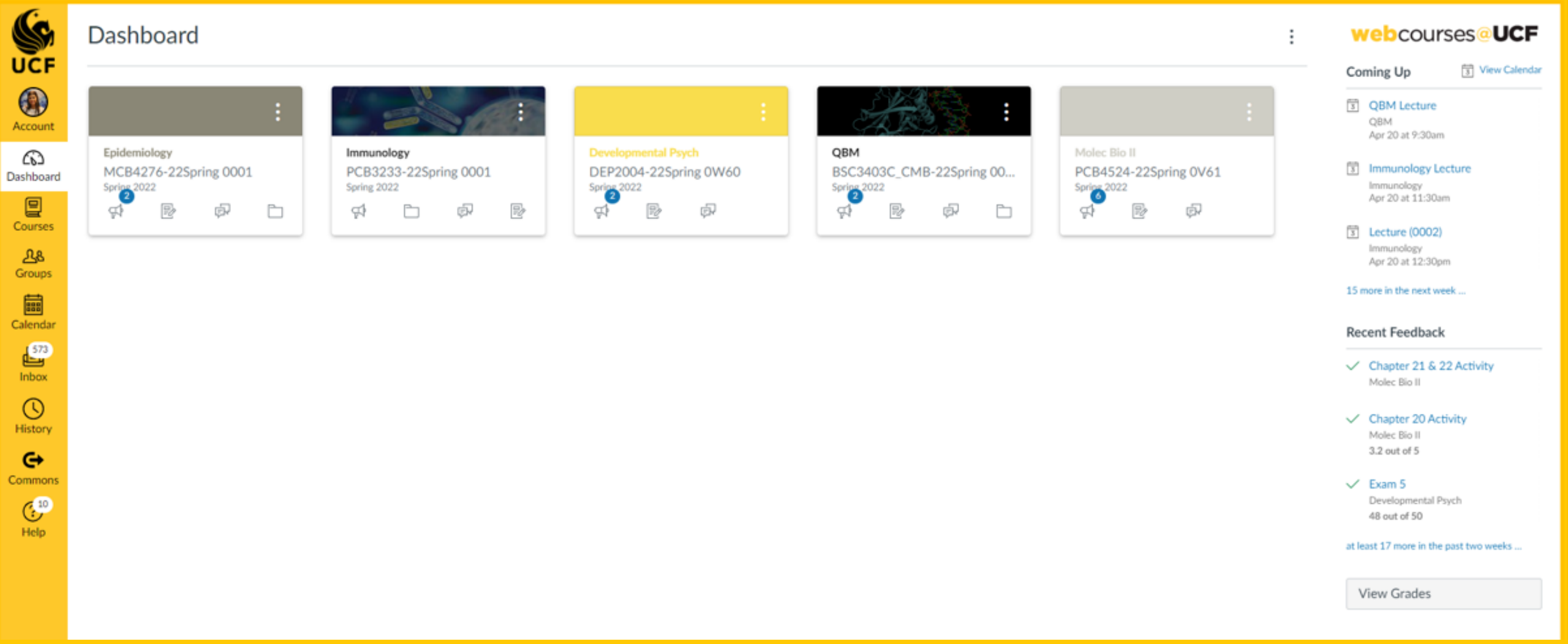

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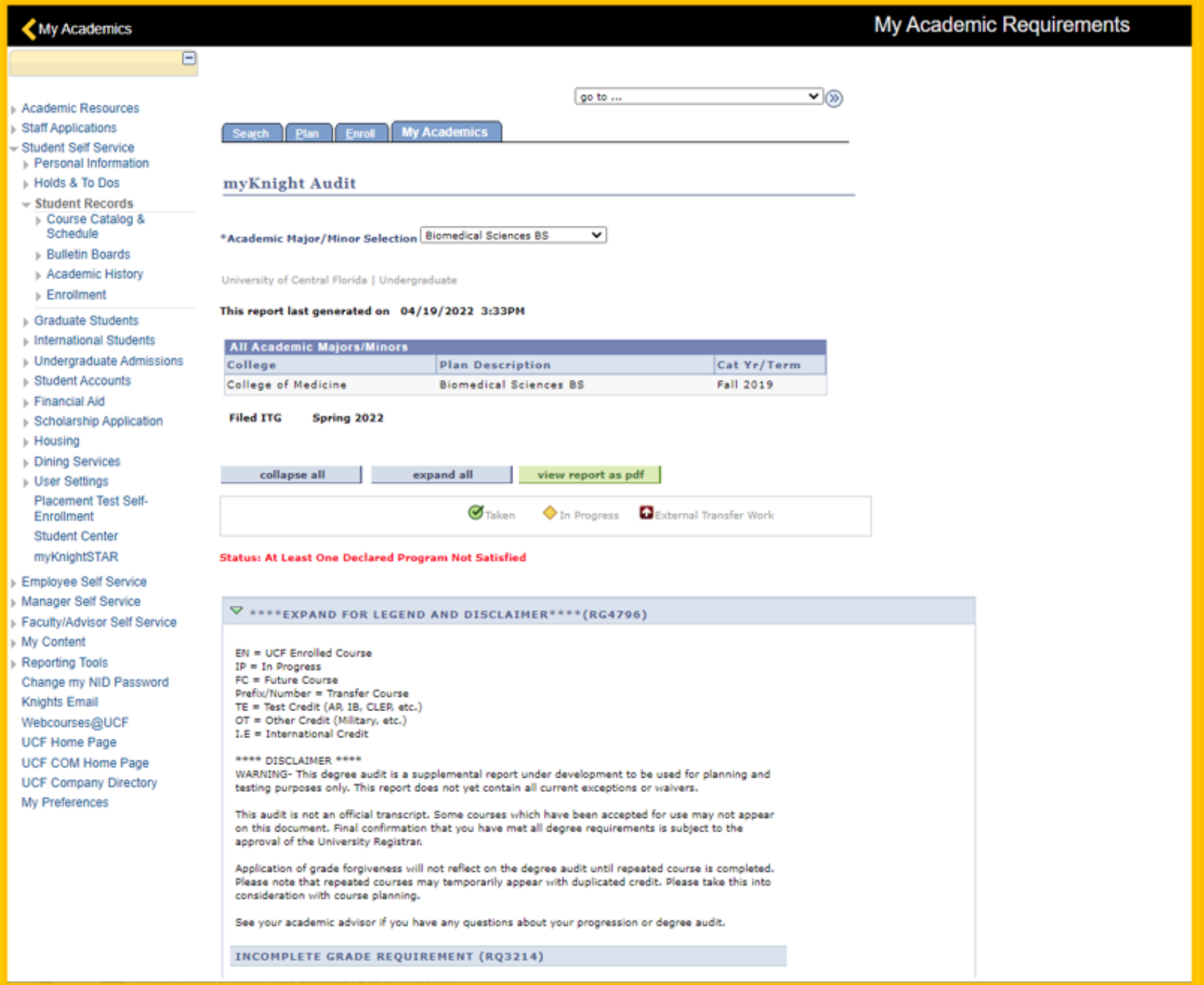

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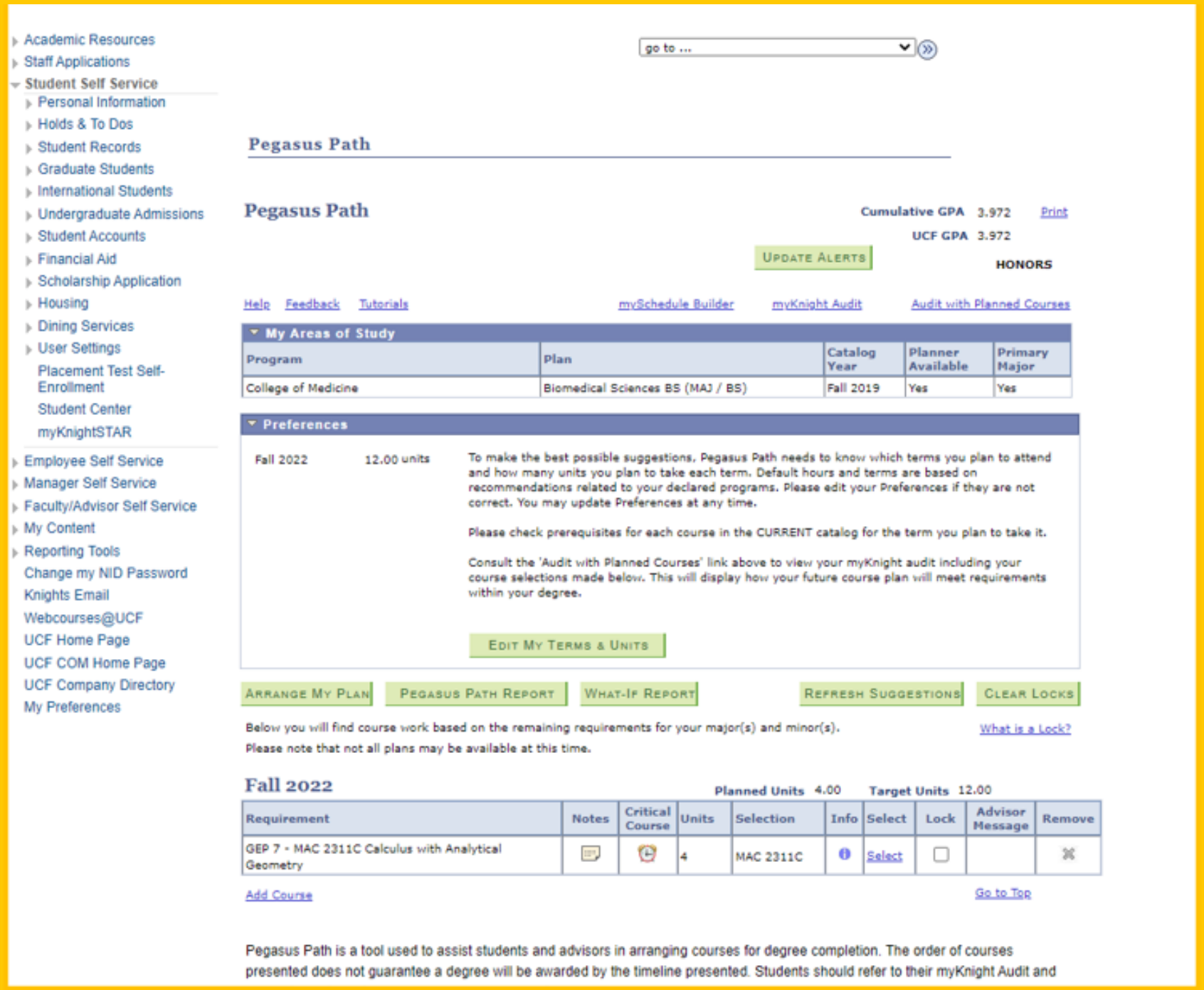

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UCF POLICIES

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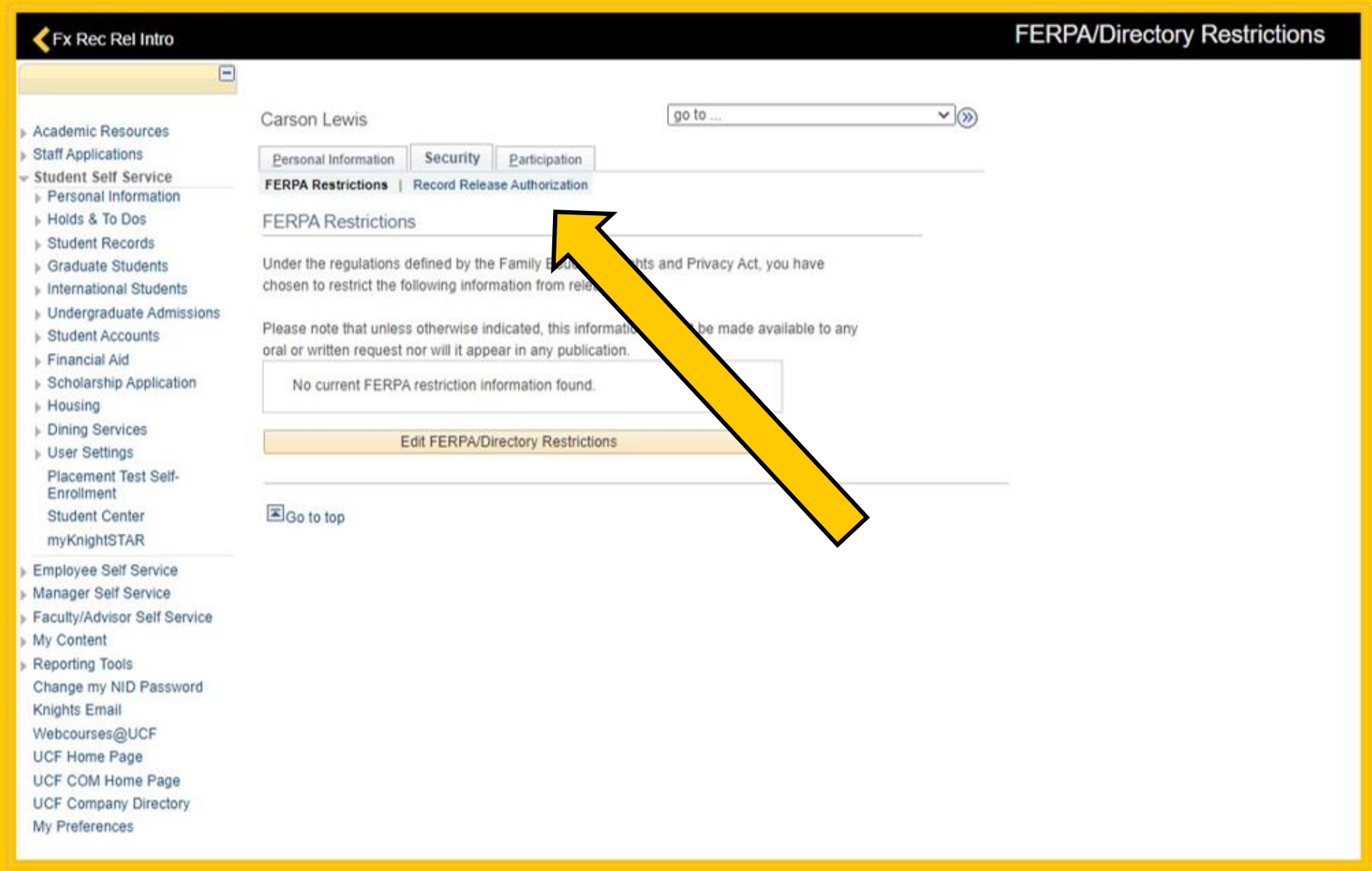
UCF Policies

- **FERPA:** Family Education Rights & Privacy Act
- **HIPAA:** Health Insurance Portability & Accountability Act
- **Financial Aid Policy**
- **Other State Policies**

1



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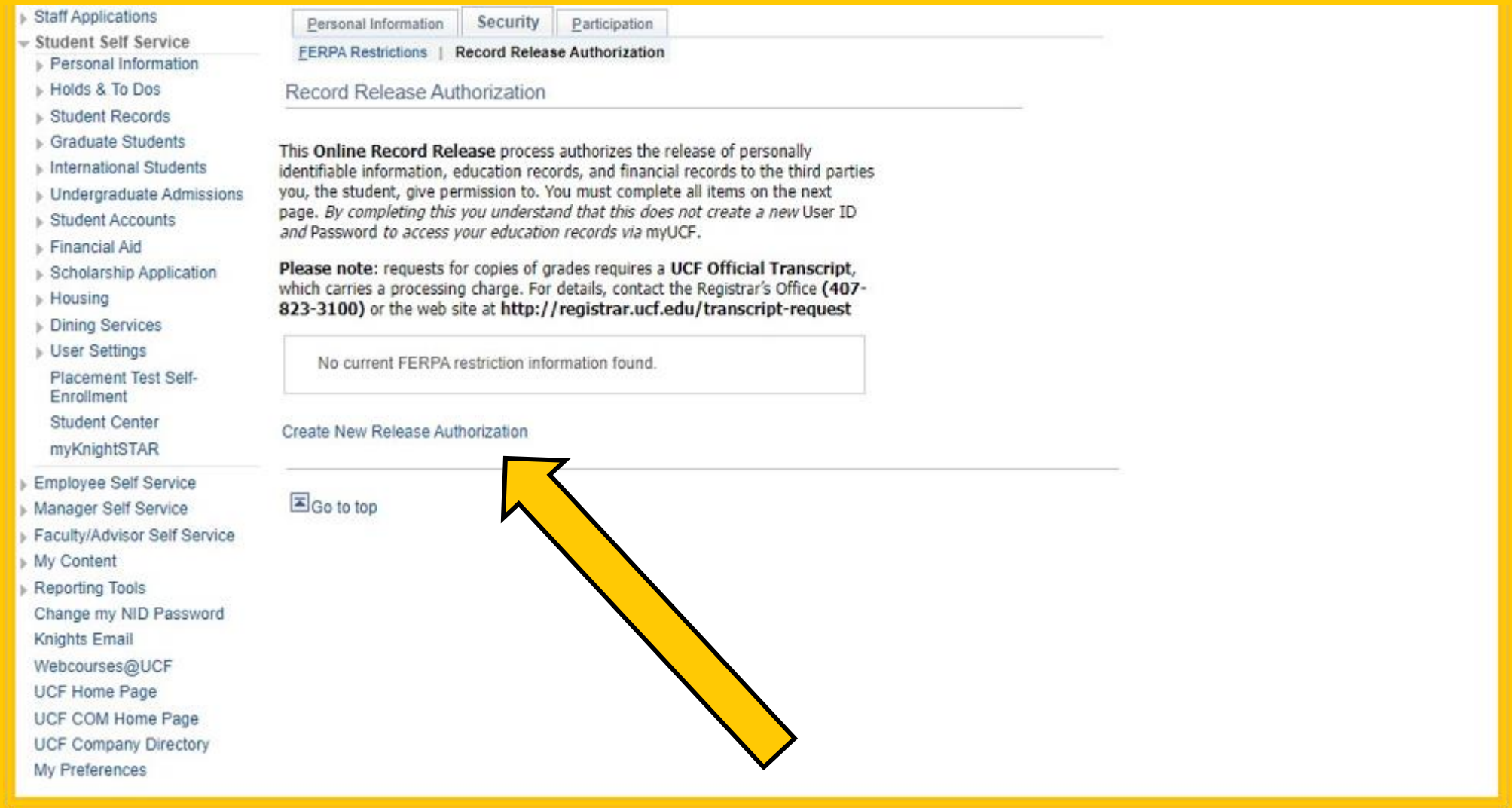
2



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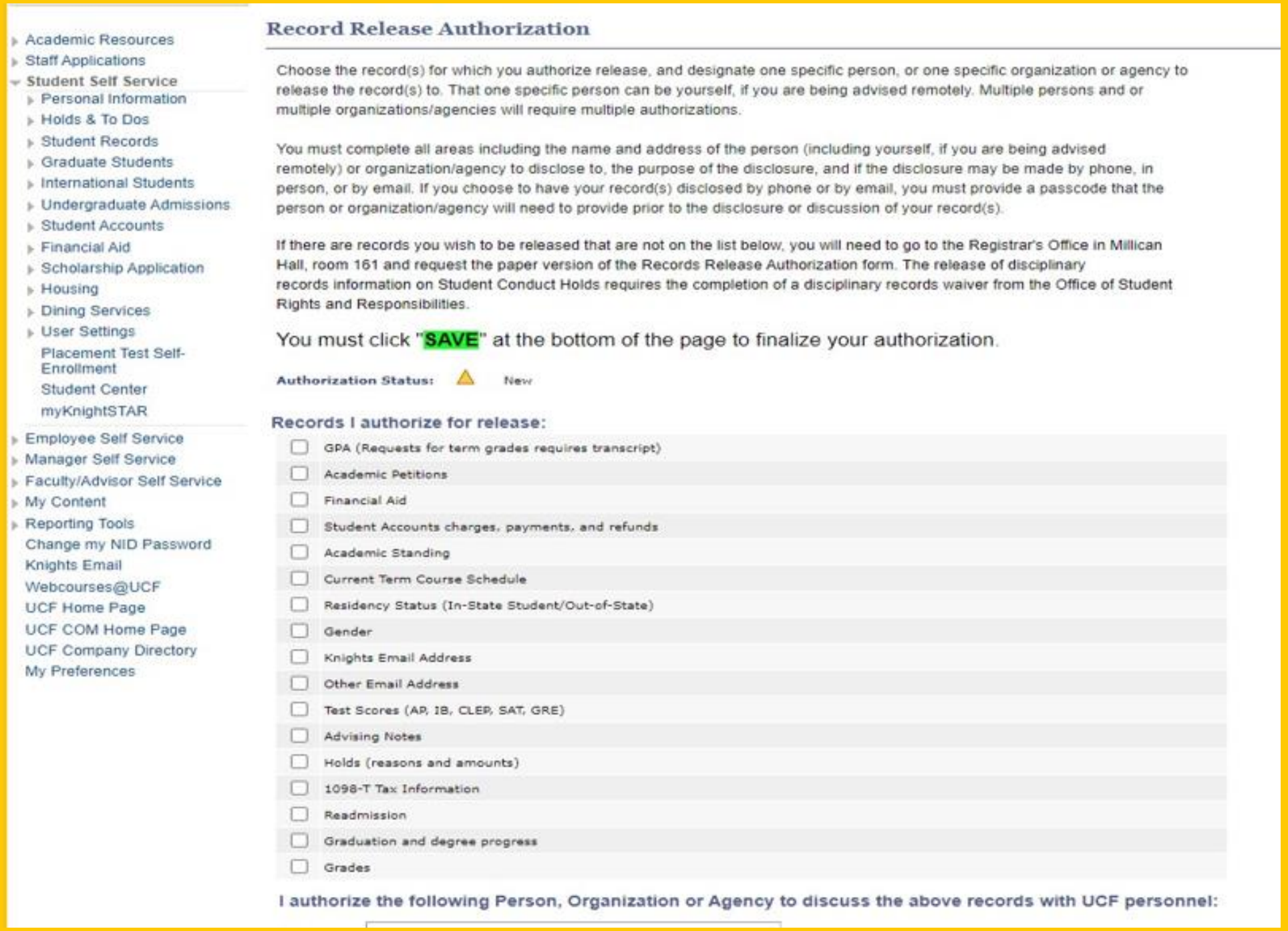
3



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Student Health Services

UCF

Health Information Management Department
4098 Libra Drive, Orlando, FL 32816-3333
Tel (407) 823-2091, Fax (407) 823-3359

Authorization to Release Protected Health Information

☐ **Entire Medical Record:** ○ **All** / ○ Specific date: _____
☐ **Dental Record/Images:** ○ All / ○ Specific date: _____
☐ **Radiologist Interpretation/Report:** _____
☐ **Immunization Records:** ○ All or ○ Specific Immunization _____
☐ **Other:** _____

☐ **GYN Records:** ○ All / ○ Specific date: _____
☐ **Lab Result:** List test(s) or date(s): _____
☐ **Copy of Medical Images:** _____

I understand that this information may include HIV-related information and/or information relating to diagnosis or treatment of psychiatric disabilities and/or substance abuse and that by **initialing** below, I am specifically authorizing the release of information relating to:

___ Alcohol Abuse ___ Sexual Assault Records ___ Drug Abuse

___ STD ___ HIV and/or AIDS ___ Psychiatric Records

The confidentiality of these records is required under U.S. Public Law 104, 42 CFR Part 2, and Florida State Law. This material shall not be transmitted or re-disclosed to anyone without written consent or authorization as provided in these statutes. **Please note: Any records released will include a current medication list that may be related to the above information.**

Format: ☐ **Pick up** ☐ **Mail** ☐ **Fax** ☐ **Consent to Discuss**
☐ **Paper** ☐ **CD** ☐ **Flash Drive** ☐ **Email**

Entity Releasing Information	**Entity Receiving Information**
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____ Fax _____	Phone: _____ Fax: _____
	Email Address: _____

Purpose of Disclosure: Continuity of Care ____ Other _____

- I understand if the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy laws and may be redisclosed.
- I understand that I may ask and get a copy of this authorization after I sign it.
- UCF Student Health Services may not deny treatment, payment, enrollment or eligibility for benefits based on whether or not I sign this authorization.
- **I understand that this authorization will expire 90 days from date signed unless another date is specified for continuous exchange of information. Expiration Date:** _____
- I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do, it won't have any affect on any actions UCF Student Health Services took before they received the revocation.

******IF NOT SIGNED IN PERSON FORM MUST BE NOTARIZED BELOW IN THE WITNESS SECTION******

Patient Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____ UCF ID# _____

_____ _____
Signature of Parent or legal Guardian (when applicable) Date

_____ _____
Witness Name & Signature Date

Revocation of Authorization

I, _____, would like to revoke this authorization as of: _____

Signature to Cancel: _____

*****CONFIDENTIALITY NOTICE*****

The documents accompanying this telecopy transmission contain confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you received this telecopy in error, please notify the sender immediately to arrange for return of these documents.

Faxed By: _____ **Mailed By:** _____ **E-mailed By:** _____ **Hand Carried By:** _____ **Date:** _____

Revised: 08/08/2018

ACADEMIC BASICS

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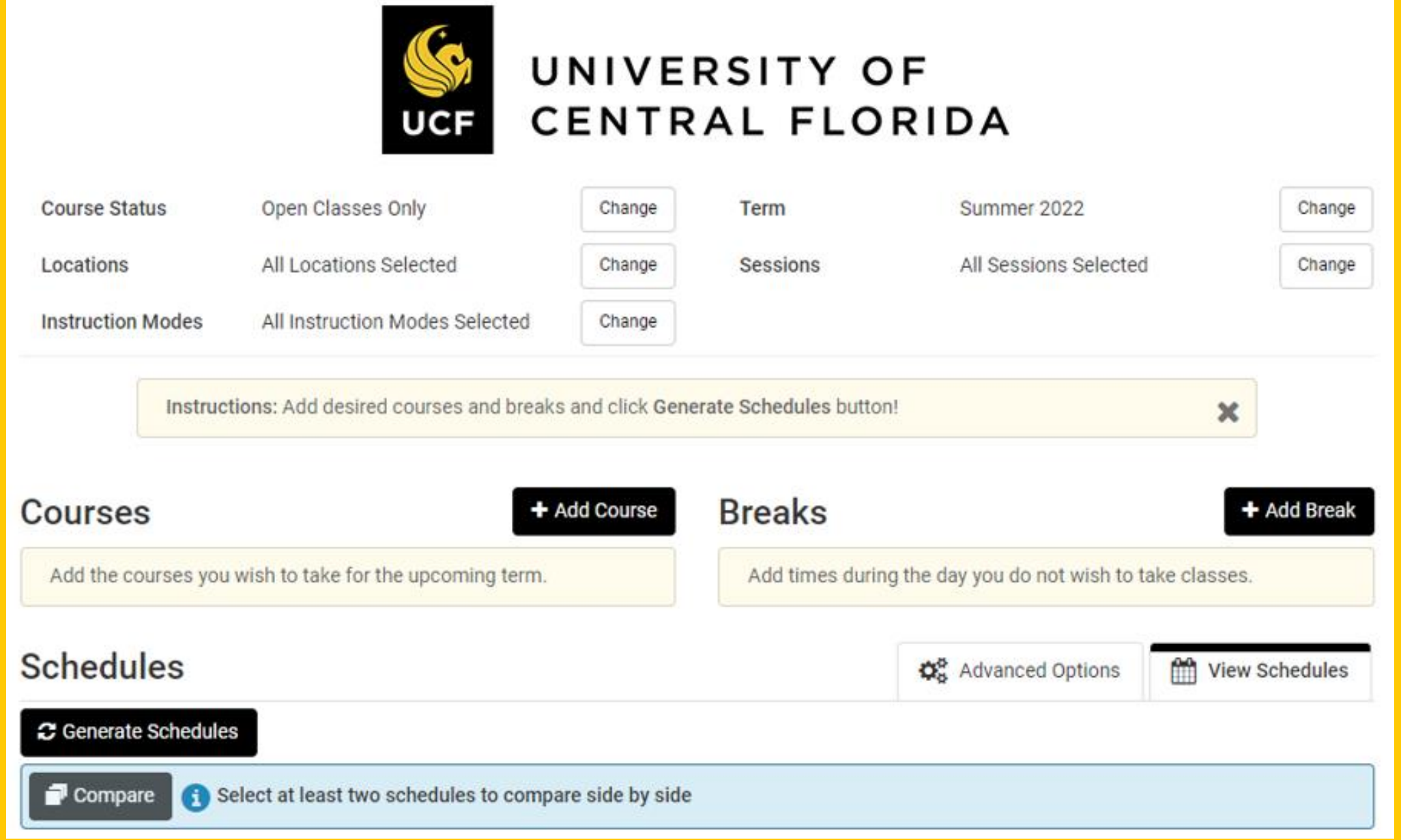
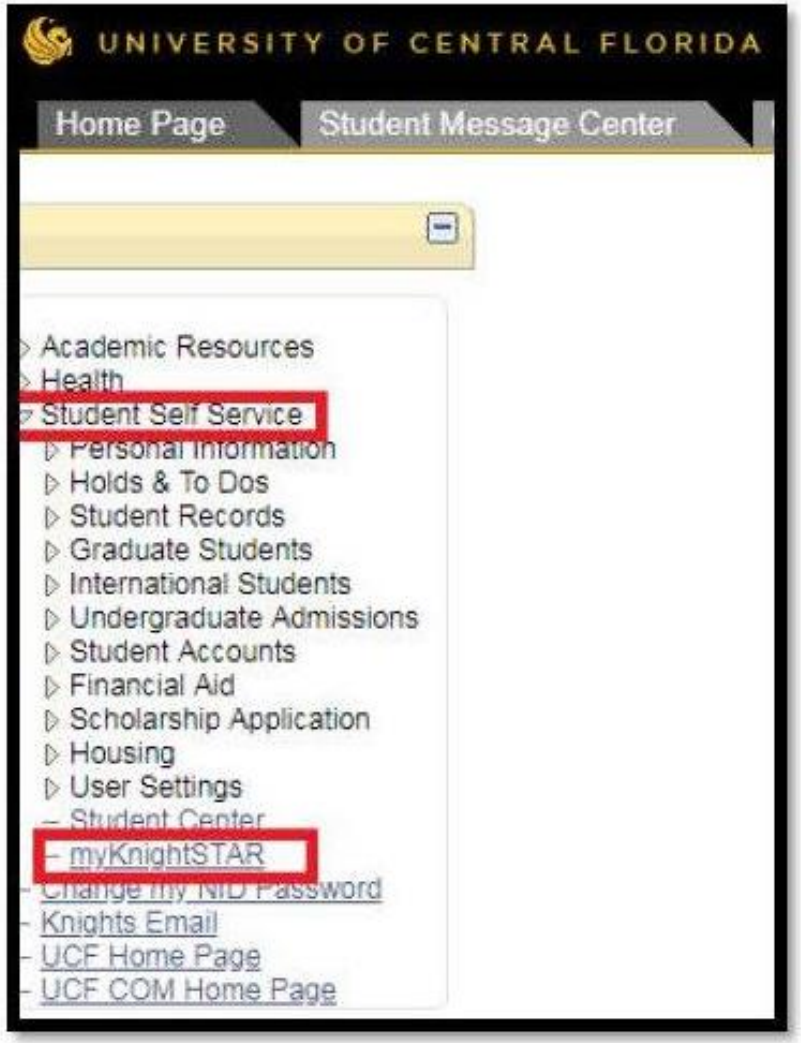
Academic Basics

- Colleges
- Majors and Minors
- Curriculum
- Academic Success Coaches
- Registration


UNIVERSITY OF CENTRAL FLORIDA
Course Status
Open Classes Only
Change
Term
Summer 2022
Change
Locations
All Locations Selected
Change
Sessions
All Sessions Selected
Change
Instruction Modes
All Instruction Modes Selected
Change
Instructions: Add desired courses and breaks and click Generate Schedules button!
Courses
+ Add Course
Add the courses you wish to take for the upcoming term.
Breaks
+ Add Break
Add times during the day you do not wish to take classes.
Schedules
Advanced Options
View Schedules
Generate Schedules
Compare
Select at least two schedules to compare side by side



myKnight STAR

Student Online Scheduling via myKnight STAR

1. Login to myUCF
2. Access your **Student Self Service** menu and then select **myKnight STAR**
3. You will now be brought to the Student Home page of myKnight STAR. You will see your current class schedule on your home page. Select the **Schedule Appointment** button on the right.

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New Appointment

All Filters

Start Over

What type of appointment would you like to schedule?

Advising

Service

CAHSA - Undergraduate Advising

Pick a Date

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Advising | CAHSA - Undergraduate Advising

Academic Success Coach

College of Arts and Humanities Student Advising

Trevor Colbourn Hall (TCH) 159

Thu, Nov 4th

8:30 - 9:00 AM | 9:00 - 9:30 AM | 9:30 - 10:00 AM | 10:00 - 10:30 AM | 10:30 - 11:00 AM | 4:00 - 4:30 PM

Mon, Nov 15th

11:00 - 11:30 AM | 2:30 - 3:00 PM | 3:00 - 3:30 PM | 3:30 - 4:00 PM | 4:00 - 4:30 PM

Tue, Nov 16th

9:00 - 9:30 AM | 9:30 - 10:00 AM

Action Items

1. Continue as your student's support system.
2. Talk about how you will communicate information.
3. Talk through hypothetical detours and bumps in the road.

Orientation Takeaways

1. **Understand their student's unique pathway** and requirements to support graduating on-time
2. Support their student's transition by empowering them to **identify or connect with resources and departments** for further assistance and guidance
3. Identify opportunities to be an **engaged supporter**
4. Understand the **impact of their new role in their student's learning journey**
5. Develop their **own community of supporters** made up of parents, family members, and university staff

Keep Calm and Go Knights!

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ucfparents@ucf.edu

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Resources

- **Dean of Students:** *osrr.sdes.ucf.edu/contact*
- **Ombuds:** *www.ombuds.ucf.edu*
- **Student Care Services:** *scs.sdes.ucf.edu*
- **First Year Experience:** *fye.sdes.ucf.edu*
- **FERPA:** *registrar.ucf.edu/ferpa*
- **HIPAA:** *studenthealth.ucf.edu/records*