Policy: Student Name Change Requests	
Contact: QA & Compliance Coordinator	**Date Created:**11/2020 **Date Reviewed:**

POLICY: The CSU Health Network (CSUHN) will provide a process for students to use a name other than their legal name to sign legally binding documents for services.

PURPOSE: The CSUHN recognizes that students may have a legal name that does not align with their chosen name. This form allows students to use their chosen name to sign documents throughout the CSU Health Network.

PROCEDURE:

1. If a student does not have a completed Name Change Form on file, they must sign their legal name on documents such as consents for such forms to meet legal and regulatory requirements.
2. Any student who uses the services of the CSUHN may opt to use a chosen name that differs from their legal name.
    a. Examples may include but are not limited to transgender and/or divorced students.
3. Any staff member who becomes aware of a student's desire to use a chosen name that differs from their legal name should offer the student use of the Student Name Change Form (see attached).
4. The staff member should encourage the student to read the form in its entirety prior to completing it.
5. Staff will reinforce the Name Change Form is applicable within the CSUHN *only* and that any legal name change must be communicated to the University directly.
6. Staff will also reinforce that any subsequent changes to the student's chosen name require a new form in order to be used for signing documents at the CSUHN.
7. Once the student confirms understanding and fills out the form, the assisting CSUHN staff member signs as well.
    a. Any CSUHN staff member can assist students with this form.
8. The CSUHN staff member will ensure that the students "AKA" in the Electronic Health Record reflects their name preferences.
    a. If the assisting staff does not have the ability to alter the EHR, they will request assistance from their leadership.
9. Once complete, the assisting staff member will send the Student Name Change Form to medical records for inclusion in the student's chart.

CSUHN STUDENT NAME CHANGE FORM

Student ID#: _____

MRN#: _____

The Colorado State University Health Network (CSUHN) recognizes that students may have a legal name that does not align with their chosen name. This form allows students to use their chosen name to sign documents throughout the CSU Health Network.

I (legal name), _____, wish henceforth to sign all documents concerning my care at the Colorado State University Health Network with my chosen name:_____.

I understand that the use of this name is legally binding for all services provided during the time I choose to use it. I will inform the CSU Health Network if I decide to use a different name in the future.

I will inform the appropriate Colorado State University entities in writing to update all my records accordingly if I change my legal name.

Student Legal Name:		Legal Signature:	
Student Chosen Name:		Chosen Signature:	
		Date Signed:	

CSUHN Staff Name:		Staff Signature:	
		Date Signed:	