

Authorization for Release of Information/Records

Completing this form authorizes the Student Wellness Center (SWC) to release information and health care records to the person/agency indicated below.

Client/Patient Information

Name: _____ Student ID#: _____ Date of Birth: _____

Email: _____ Phone: _____

Briefly explain the reason for the request and specific information needed:

Person/Agency for Disclosure

The information/records may be disclosed to:

Name Person/Agency: _____ Phone of Person/Agency: _____

Email of Person/Agency: _____ Fax of Person/Agency: _____

Address of Person/Agency: _____

Information Parameters

I consent to the release/disclosure of (Check all appropriate boxes):

- | | |
|--|--|
| <input type="checkbox"/> Any information/records deemed appropriate (permits conversation/dialogue; not just record release) | <input type="checkbox"/> HIV Records |
| <input type="checkbox"/> Verification of Treatment | <input type="checkbox"/> X-ray/Laboratory Tests (specify): _____ |
| <input type="checkbox"/> Complete Medical Records (Excluding Psychiatric) | _____ |
| <input type="checkbox"/> Counseling Records (Excluding Psychiatric) | <input type="checkbox"/> Immunization (specify): _____ |
| <input type="checkbox"/> Psychiatric Records | _____ |
| <input type="checkbox"/> Alcohol/Substance Abuse Records | <input type="checkbox"/> Physical Exam (date): _____ |
| <input type="checkbox"/> Gynecological including Pap Smears | <input type="checkbox"/> Records pertinent only to my appointments on or about (date): _____ |
| | <input type="checkbox"/> Other: _____ |

Send Records via:

Secure Email

Fax

In Person Pick Up

Client Consent/Signature

I consent to the release as indicated above. I understand and acknowledge that: 1) I have the right not to consent to the release of information contained in my health records 2) authorization may be revoked in writing at any time 3) A copy of this release will be placed into my patient records & I have a right to receive a copy of this authorization form upon my request.

Client Signature _____ Date _____

OFFICE USE ONLY / How was the request handled?

Request was made: [] In Person [] Email [] Fax

Received by: _____

Date: _____

Completed by: _____

Date: _____

Additional Information/Notes:
