



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize release of information from the Medical Record of:

Patient Name: _____ Date of Birth: _____

(Please Print)

Social Security #: _____ CSU ID#: _____ Daytime Phone #: _____

Release Information To:

Request Information From:

Please Release the following: (please check)

- ___ All Medical Records
___ Lab Reports
___ Immunizations
___ Other Diagnostic Reports (specify tests and dates)
___ Other (specify)

Purpose of need for disclosure:

Please check one:

- ___ Personal Use
___ Continued Health Care with other Provider
___ Other (specify)
___ I will pick up copies myself (allow 24 hours)
___ Please mail copies to the address listed above

I understand that the information released is for the specific purpose stated above. Any other use of this information without the written consent of the patient is prohibited. I further understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent in writing at any time. This consent will expire 90 days after the date of my signature unless otherwise specified.

Signature of Patient or Legal Representative

Date

Relationship to Patient

Witness

Date

COMPLETE ONLY IF INFORMATION IS TO BE RELEASED DIRECTLY TO PATIENT:

I understand that my medical records may contain reports, test results, and notes that only a physician can interpret. I understand and have been advised that I should contact my physician regarding the entries made in my medical record to prevent my misunderstanding of the information contained in these entries.

I will not hold Columbus State University Student Health Center liable for any misinterpretation of the information in my medical record as a result of not consulting my physician for the correct interpretation.

Signature of Patient or Legal Representative

Date

Relationship to Patient

Witness

Date

Date request completed: _____ #copies copied: _____ Initials: _____