USciences University of the Sciences | Student Health and Counseling (SHAC)

Box 23 600 S. 43rd Street
Philadelphia, PA 19104
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CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Your medical record and the information you share with a health care provider is confidential. As a patient you are entitled to a copy of your records; however, the records are the property of the healthcare facility and guidelines are in place to protect you. If you need to have your medical records released, written consent allowing transfer of records is required. *Please complete this authorization form to grant Student Health Services permission to release or obtain your medical records.*[1]

PATIENT INFORMATION

First Name: _____ **Last Name:** _____

USciences Student ID: _____ **Date of Birth:** _____

Cell Phone Number: _____

AUTHORIZATION FOR RELEASE OR TRANSMITTIAL OF INFORMATION

(A) I hereby authorize the Staff of Student Health Services at the University of the Sciences to release my medical records to:

Name/Organization: _____ Fax Number: _____

Address: _____

(B) I hereby authorize _____ to release my medical records
(Name/Organization)

to the Staff of Student Health Services at the University of the Sciences.

The information to be released is: (please check)

- ☐ Immunization Records
- ☐ Titer Results
- ☐ Health Professional Evaluation (e.g. Physical Exam)
- ☐ Radiology/Laboratory Results
- ☐ Clinical/Chart Notes (e.g. Medical Evaluation; Treatment History; Discharge Summary)
- ☐ Other: _____
  _____

The information to be released will be limited to these specific items and persons as provided by me to Student Health Services at the University of the Sciences.

Signature of Student[2]**:** _____ **Date:** _____

Witness[3]**:** _____ **Date:** _____

Photostatic copies of this form shall be considered valid. This release is valid for one (1) year. Consent may be revoked at any time by notifying Student Health Services. Revocation is not retroactive.

[1]A separate release is required for each transfer. [2]Written signature is required. Electronic signatures cannot be accepted. [3]Witness signature required only when Student Health Services is requesting records.