

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Mailing address: San Diego State University, Student Health Services
 5500 Campanile Drive San Diego, CA 92182
Phone: 619-594-4325 **Fax:** 619-594-3638 **Email:** SHS@SDSU.EDU

Patient Information: <i>Please list your information</i>	Patient Name (First, MI, Last)		Nickname/Maiden/Other
	Address/City/State/Zip		
	Date of Birth (MM/DD/YY)	Phone	RED ID #
	___/___/___		
Record Holder: <i>Who has the information you want released?</i>	<input type="checkbox"/> SDSU Student Health Services <input type="checkbox"/> Other: _____		
	Address/City/State/Zip		
	Phone	Fax	
Release Records to: <i>Where do you want records sent? Who do you want to receive records?</i>	Name of Hospital/Clinic/University/Person/Self		
	Street Address/City/State/Zip		
	Phone	Fax	
Purpose: <i>What is the reason for your request?</i>	<input type="checkbox"/> Continued Care <input type="checkbox"/> Personal Use <input type="checkbox"/> Insurance <input type="checkbox"/> Employment Purposes Other (please specify): _____		
Health Information to be Released: <i>What information do you want sent or released?</i>	<input type="checkbox"/> Progress Notes <input type="checkbox"/> Laboratory Tests <input type="checkbox"/> X-Ray Reports <input type="checkbox"/> GYN/Pap Smear Records <input type="checkbox"/> Immunization Records <input type="checkbox"/> TB Test Records <input type="checkbox"/> Other (please specify): _____		
Sensitive Information:	Sensitive Information <u>WILL NOT BE RELEASED</u> unless you initial below: _____ Release Mental Health/Psychiatric Treatment Records _____ Release HIV Test Results		
By signing below I authorize the disclosure of my protected health information as outlined above. I understand I can revoke this consent at any time in writing and it will be effective upon receipt.			
_____		_____	_____
Signature of Patient or Authorized Representative		Print Name	Date
SHS Staff Use Only: <i>Staff Name</i> _____	Description of records Released:		
	Released To:		
	Distribution Method:		
	Date of Release:		