

Cal Poly Humboldt
Student Health Center

Telephone: (707) 826-3146
FAX: (707) 826-5042

PATIENT AUTHORIZATION FOR USE AND/OR DISCLOSURE OF HEALTH INFORMATION

Patient Name: _____	Student ID#: _____
Address: _____	
Date of Birth: _____	Telephone: _____
Email: _____	

I authorize:
(Person or facility that has health information)

Name: _____
Address: _____
Phone: _____ FAX: _____

To release health information to:
(Person or facility to receive health information)

Name: _____
Address: _____
Phone: _____ FAX: _____

Type of Disclosure: Initial to specify the type of information to be disclosed.	Initials
<input type="checkbox"/> All records	_____
<input type="checkbox"/> Records limited to the following treatment _____	_____
<input type="checkbox"/> Records limited to the following time period _____	_____
<input type="checkbox"/> Gynecological records (describe) _____	_____
<input type="checkbox"/> Records pertaining to mental health, such as depression, eating disorders	_____
<input type="checkbox"/> Drug/Alcohol information	_____
<input type="checkbox"/> HIV results	_____
<input type="checkbox"/> Other: _____	_____

For the following purposes only:

- At the request of patient for continuity of care
- Other: _____

Conditions of Authorization (HIPAA compliant)

Duration: This authorization is effective immediately and shall remain in effect until _____ or for one year from the date of signature.

Revocation: I may revoke this authorization at any time between now and the disclosure of information by the Student Health Center. My written revocation will be effective upon receipt but will not affect any actions taken by the Health Center before receiving my revocation.

Re-disclosure: This information is for use by the above-named recipient only. It cannot be given to any other individual or agency without my consent.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Office use only: Mailed _____
Hand Carried _____
Faxed _____
Records sent for _____

Approved By: _____
Date: _____