Authorization to Release and/or Disclose Health Information

HEALTH INFORMATION OF:

Patient's Name: _____ Local Telephone: _____

Local/ Home Address: _____ City/State/Zip Code _____

Banner ID or SSN: _____ DOB: _____

Purpose for Request (Please Check) ☐ Work ☐ School ☐ Personal ☐ Legal ☐ Other _____

Delivery method: FAXED ☐ MAILED ☐ IN PERSON ☐

I hereby authorize the release of medical information:

☐To (Please Check One) ☐From

North Carolina A & T State University
Student Health Center
1601 E. Market Street
Greensboro, NC 27411
(336) 334-7880 office (336) 256-2613 fax

☐To (Please Check One) ☐From

_____
(Name)

_____
(Street)

_____
(City, State, Zip Code)

_____
(Telephone) (Fax)

SPECIFY INFORMATION TO BE OBTAINED:

❑ Discharge Summary	❑Progress/Physician Notes	❑ X-Ray Report
❑ Pathology Report	❑Physical Examination	❑ Emergency Report
❑ EKG/EMG /EEG	❑Consultation Report	❑ Immunization Records
❑ Laboratory Report	❑Women Health Notes	❑ Depo / Rx Notes

❑ Other _____

Record for the period (dates) from _____ to _____

I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used/disclosed under this authorization to the extent allowed by law.

TERM: I understand that I may revoke this authorization at any time except to the extent that action has been taken on this authorization. Unless otherwise revoked, this authorization will expire on the following date: _____ . If no express revocation is issued, this authorization will expire in **(90)** days from the date of signature.

_____ _____
Signature of Patient or Legal Representative Date

_____ _____
Signature of Witness **Date**

Confidentiality Note

The information contained in this facsimile is legally privileged and confidential information intended only for the use of the individual or entity named above. If you are not the intended recipient or the employee or agent responsible for delivering this communication to the intended recipient, you are hereby notified that any reading, distribution or copying of this communication is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone at (336) 334-7880.