AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

When you complete this form, you are authorizing the disclosure and/or use of your protected information, as described below, consistent with state and federal laws concerning privacy of such information. If you do not provide all the information requested, this authorization may not be valid.

Print Student Name: _____

Student ID Number: _____ Date of Birth: _____

AUTHORIZATION FOR DISCLOSURE FOR HEALTH INFORMATION

I hereby authorize: Pamela Farron and/or Dan Collyer _____ to:

X Release my health information to:

X Obtain my health information from:

1. _____
   Name **Relationship** **Phone**
2. _____
3. _____

PURPOSE OF REQUESTED USE OR DISCLOSURE

X Disability Related Services for College _____

INFORMATION THAT MAY BE USED OR DISCLOSED THROUGH THIS AUTHORIZATION

X All clinical information ☐ Clinical information from _____ to _____

☐ Other: _____

☐ Exceptions: _____

NOTICE OF RIGHTS AND OTHER INFORMATION

I understand that I may take back (revoke) this authorization in writing at any time, except to the extent that the BCC Disability Resource Center has taken action in reliance on this authorization. I understand that, to revoke this authorization, I must send a letter to the BCC Disability Resource Center.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment from the Disability Resource Center.

I understand that if the person or entity that receives my protected health information is not required to comply with the federal privacy regulations, the information I have released may be redisclosed and would no longer be protected by these regulations.

This authorization expires (date or event): _____
(If not specified, this authorization expires one year from date of signature).

_____ _____
Student's Signature Date

_____
Print Student's Name

When a student is not competent to give consent, the signature of a parent, guardian, health care agent (proxy), or other representative is required.

_____ _____
Signature of Legal Representative Date

_____ _____
Print Legal Representative's Name Relationship of Representative to Student

12/2/09 Revised