UWF Student Health Services

UWF Student Health Services
11000 University Parkway
Building 960 – Suite 106
Pensacola, FL 32514
850-474-2172 Fax 850-857-6100

Authorization for Release of Confidential Information

Patient Name: _____ Date of Birth: _____

Telephone Number: _____ Student ID: _____

I authorize _____ to release/exchange information including:

_____ Medical _____ Alcohol/ Drug Abuse _____ HIV Status, including test results
_____ Immunization Records _____ Other (please specify) _____

Release to Individual/ Agency: _____

Address: _____ Telephone Number: _____

_____ Fax Number: _____

I have read and understand the nature of this authorization, and understand that the authorization may be revoked upon my written request to Student Health Services, except to the extent that action has already been taken on this authorization. This authorization shall remain in force until _____ or for a period of 90 days from the date authorization is signed.

I understand there is a charge of $1 per page for the first 25 pages and $0.25 per page thereafter, for the records that I am requesting.

If present, alcohol and drug abuse information has been disclosed from records whose confidentiality is protected by Federal law, Federal regulations (42CFR, Part 2) prohibit making any further disclosure of records without specific written authorization of the person to whom it pertains or as otherwise permitted by 42CFR Part 2.

Confidentiality of HIV antibody test results is protected by Florida Law (Fla. State Ann. 381.609 (2) (f)) which prohibits any further disclosure without the specific written consent of the undersigned, or as otherwise permitted by state law. Confidentiality of psychiatric information is protected under Florida Statues, Section 394.459(9).

Signature of Patient: _____Date:_____

Notary Public:

State of _____, County of_____ on this _____ day of_____, personally appeared before me the above named person, who is personally known to me or who has produced a _____ as identification and who did take an oath.

_____
Notary Public Signature and stamp