

## 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 Statutes, 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