BYU Student Health Center
PO Box 24800
Provo UT 84602-0761
Phone: (801)422-5134 Fax: (801)422-0761

Authorization to Release Health Information

Also known as PHI (personal health information)

Patient Identification

Social Security Number:		Today's Date (good for 90 days):	
Last Name:	First:	Middle:	
Address:	City	State	Zip Code
Phone Number	Cell Phone	Date of Birth	

Where records should be sent

Name:	Phone:
Address:	Fax

PROHIBITION ON RE-DISCLOSURE: This information has been disclosed to the Requestor from confidential records. The requestor is not to make any further disclosure of this information except with the specific written consent of the person to whom it pertains.

- ☐ General Medical Information and/or Notes *(Does not include psychological notes/testing. These can only b e released to treating physician/psychologist, etc.)*
- ☐ X-ray reports
- ☐ Lab reports
- ☐ Letter
- ☐ Other ____________________

Purpose of Release

◯ Medical Care ◯ Personal Use ◯ Other, explain ____________________

Your medical record at the BYU Student Health Center is confidential. Information from your medical record will not be released without your written permission authorizing which records are to be released.

I give permission to the BYU Student Health Center (SHC) to release information from my medical records concerning the MEDICAL INFORMATION described above, which was diagnosed/treated during the stated TIME PERIOD. The information release will be restricted by the INFORMATION LIMITATIONS outlined above.

I understand that this RELEASE will take effect on the DATE SIGNED and will be in effect, unless previously revoked for **90 DAYS. I understand I can cancel this RELEASE at any time by notifying the SHC in writing and that my cancellation will not have any** affect on information released before the SHC received my written notice. I also agree to release BYU from all legal responsibility or liability for release of the information.

Name: ____________________ Date: __________

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Signature
(If signed by other than patient, indicate relationship to patient.)