



STUDENT HEALTH CENTER
THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

University of Alabama in Huntsville • Wilson Hall Rm 325 • Huntsville, Alabama 35899 • Phone (256) 824-6775 • Fax (256) 824-6722

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient's Name: \_\_\_\_\_

Previous Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

I request and authorize the release of my health care information as specified below:

FROM Name: UAH Student Health Center

Address: University of Alabama in Huntsville Wilson Hall Rm 325

City: Huntsville State: Alabama Zip Code: 35899

Phone: (256) 824-6775 Fax: (256) 824-6722

TO Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

This request and authorization applies to:

[ ] Immunization Records Only \_\_\_\_\_ Email or Fax \_\_\_\_\_

[ ] Health care information relating to the following treatment, condition or dates: \_\_\_\_\_

[ ] All health care information

[ ] Other: \_\_\_\_\_

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereuem, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome) and gonorrhea.

[ ] Yes [ ] No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

[ ] Yes [ ] No I authorize the release of any records regarding drug, alcohol or mental health treatment to the individual or health care entity listed above.

Patient

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.