AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATON

Please complete form thoroughly. Your medical records cannot be released until this form is completed and signed.
Please allow up to 15 days for transaction to be completed.

STEP 1: INFORMATION ABOUT YOU: **PLEASE PRINT**

STUDENT NAME:_______________________ DATE OF BIRTH:_______________

WILLIAMS CLASS YEAR___________ EMAIL:_______________ CELL PHONE:_______________

ADDRESS:____
Street *City* *State* *Zip*

STEP 2: WHO HAS THE RECORDS NOW?

I hereby authorize: _______________________

Address: _______________________

____

Fax Number: _______________________

STEP 3: TO WHOM DO YOU WISH TO RELEASE YOUR RECORDS?

To release the following information: Please Specify:

- ❑ Medical Records ❑ Psych Records (step 5 required) ❑ All Records (steps 5 & 6 required, if pertinent)
- ❑ Specific Information/Specific dates of treatment: _______________________

____

To: _______________________

Address: _______________________

____

Fax Number: _______________________

STEP 4: YOUR SIGNATURE IS REQUITED:
This authorization is valid for 90 days and may be revoked at any time in writing prior to the expiration date. Additional authorization for re-disclosure to persons other than the recipient(s) listed and/or beyond the expiration date is required.

_______________________ _______________________
Student's Signature *Date* *Witness Signature* *Date*

STEP 5: RELEASE FOR SENSITIVE INFORMATION:

I UNDERSTAND THAT IF MY MEDICAL RECORD CONTAINS INFORMATION IN REFERENCE TO DRUG AND/OR ALCOHOL ABUSE, PSYCHIATRIC, VENEREAL DESEASE, SOCIAL SERVICE, HEPATITIS B TESTING/TREATMENT, AND/OR SENSITIVE INFORMATION, I AGREE TO ITS RELEASE.

_______________________ _______________
Student's signature *Date*

STEP 6: RELEASE FOR HIV INFORMATION:

IN ADDITION TO THE ABOVE SIGNATURES, IF YOU WANT HIV (AIDS) TESTING/TREATMENT RECORDS RELEASED YOU MUST SIGN AND DATE ON THE LINE BELOW.

I AGREE TO THE RELEASE OF THIS INFORMATION

_______________________ _______________
Student's signature *Date*

WILLIAMS COLLEGE HEALTH SERVICES
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