

AUTHORIZATION FOR RELEASE OF HEALTH RECORDS/INFORMATION

Sarah Lawrence College Health Services and many other organization and individuals such as physicians, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

Name: _____ Student ID #: _____ DOB: _____

Email: _____ Phone: _____ Last date attended SLC: _____

I HEREBY AUTHORIZE (name of person or facility which has information):

Name/Facility _____

Address _____

Phone _____

Fax _____

TO RELEASE RECORDS TO:
 TO PROVIDE INFORMATION TO:
 TO RECEIVE INFORMATION FROM:

Name/Facility _____

Address _____

Phone _____

Fax _____

Type of Disclosure (check all boxes that apply): Written Verbal Information/Communication

Other (please specify): _____

These records are for services provided on the following date(s): _____

Please specify the records you authorize to be released:*

- Mental Health Medical
 Treatment Summary Laboratory / Radiology Reports
 Compliance with Treatment Plan Immunizations/Vaccinations
 I specifically authorize the release of HIV/AIDS related records
 Other (specify) _____

*Note: If these records contain any information from previous providers or information about drug/alcohol use or STD, you are hereby authorizing disclosure of this information

Purpose: Personal Records Continuity of Care
 Other (specify) _____

Unless otherwise revoked in writing, this authorization expires: _____ (insert applicable date or event).
If no date is indicated, the authorization will expire 12 months after the date of my signing this form.

Print Name

Signature

Date

Sarah Lawrence College
Health Services
1 Mead Way, Bronxville, NY 10708

Phone (914) 395-2350
Fax (914) 395-2640

REQUESTING YOUR MEDICAL RECORD

When requesting a copy of your medical record from Sarah Lawrence College Health Services, please submit the signed "Authorization for Release of Health Records/Information" by fax (914-395-2640), mail or hand delivery.

There is no charge for records requested for continuation of care purposes that are sent directly to your provider.

There is a 0.75 cents, per page fee for a request of your medical or mental health record that is not sent directly to your provider.

Please submit appropriate fee, by check, with the "Authorization for Release of Health Records/Information".

All records will be mailed/faxed within two weeks of request.

Any questions can be directed to Sarah Lawrence College Health Services
914- 395-2350.