

Receiving Medical Records at MTSU Student Health Services

Middle Tennessee State University
MTSU Box 237
Murfreesboro, TN 37132
o: 615-898-2988 • f: 615-898-5004
mthealth@mtsu.edu



TO: _____

Name: _____
M # _____
DOB: _____
Phone: _____

I, _____, hereby authorize the release of the following information to the Student Health Services, Middle Tennessee State University, Murfreesboro, Tennessee. Fax number 615-898-5004. Please send the records to the attention of _____.

_____ Initial Evaluation	_____ Entire Medical Record
_____ Progress Notes	_____ History and Physical
_____ Consultation Reports	_____ Psychological Testing
_____ Discharge/Treatment Summary	_____ Immunization Records
_____ TB Skin Test	_____ Women's Health Notes
_____ Allergy Shot Information	_____ Laboratory/Cytology Reports

I further authorize you to discuss the above noted information with _____ at MTSU Student Health Services.

I understand that my information may be redisclosed by the authorized person/organization receiving the information, and at that point, the information may no longer be protected under the terms of this agreement.

I understand that treatment, payment, enrollment, or eligibility in a health plan or eligibility for benefits is NOT dependent on my signing this Authorization.

I understand that refusing to sign this may result in the doctor declining to provide the health care, which is for the sole purpose of creating protected health information for disclosure to a third party. Patient Initials _____

By signing below, I acknowledge that I have read and understand this document, that I have voluntarily given my authorization to the Student Health Services to disclose my records, and that I may revoke this Authorization in writing at any time. This consent form will expire one (1) year following the date signed or upon my request.

Signature _____

Date: _____

*The above authorization is given on this patient's behalf because the patient is a minor (), or is unable to sign for the following reason:

*Signature of Closest Relative or Legal Guardian (state relationship)

Date: _____