Student Health Services
University at Buffalo
Michael Hall, 3435 Main Street, Buffalo, NY 14214
Phone: (716) 829-3316 Fax: (716) 829-2564

Date Received – Official Use Only

Authorization to Release/Obtain Medical Records

Instructions:

(1) Complete this entire form to release/obtain medical records.

(2) Please allow two-weeks for Student Health Services to process your request.

I hereby authorize the disclosure of information from the health records of:

Patient's First Name	**Patient's Last Name**	**Former or Maiden Name**

Phone Number (with area code)	**UB Person Number**	**Date of Birth**	**Year Entered UB**	**Year Left UB**

Health Information to disclose:

- ☐ all information
- ☐ treatment summary
- ☐ diagnoses
- ☐ immunization records
- ☐ labs & imaging studies
- ☐ dates of treatment attendance
- ☐ progress note entries - date(s): _____
- ☐ other (specify) _____

Method of disclosure:

☐ release medical records **from UB Student Health Services to**:

Name: _____
Address: _____
or Fax No.: _____
_____

☐ release medical records **to UB Student Health Services from**:

Name: _____
Address: _____
or Fax No.: _____
_____

I understand I have the right to refuse to sign this form, and that I may revoke my authorization at any time (except to the extent that the information has already been released). When my information is disclosed, the federal HIPAA Privacy Rule may no longer protect it. This authorization will automatically expire one (1) year from the date of this request or on the following requested date: _____.

_____ _____
Signature of Patient or Parent/Guardian/Executor Date

_____
Relationship to Patient (Parent/Guardian/Executor)

This form cannot be used for the re-release of confidential information provided to Student Health Services by other individuals or agencies. Such requests should be referred to the original individual or agency. Records pertaining to HIV tests or discussions or alcohol/drug treatment require separate authorizations.

Official Use Only **File with record when completed**

Completed by: _____ **Date completed:** _____ **Delivery method:** ☐ **FAXED** ☐ **MAILED** ☐ **IN PERSON** **7/2006**