



UNIVERSITY OF OREGON

Authorization for Release of and/or Verbal Exchange of Confidential Medical Information

Name: UO ID: DOB:

I hereby consent and authorize the University Health Center to:

- Send a copy of my specific health information to person or entity named below
Verbally exchange specific health information with person or organization named below

Records released are limited to the last 2 years of information unless otherwise requested. You must INITIAL each.

- Chart Notes Immunization Pharmacy X-Ray Image
Dental Records Laboratory Physical Therapy /Sports Other
Dental X Rays Personal Health History X-Ray Reports

Protected records require specific authorization for release. You MUST INITIAL each selection requested.

- Drug/Alcohol Testing and Treatment HIV/AIDS Testing and Progress Notes
Genetic Testing Mental Health Information

Release To: AND/OR

Name: Address: City/State/Zip: Phone: Fax:

Release to: (Please initial each requested)

- Student Services: Academic Advising
Dean's Consult Committee (Interdepartmental Student Assistance Group)
Dean of Students Office
Disability Services
University Housing Office
University Counseling & Testing Center

For the purpose of: Further medical care Insurance billing Student Assistance Other:

MENTAL HEALTH INFORMATION DISCLAIMER: If you have not initialed release for Mental Health Information, we strongly recommend that your request indicate that your records be released directly to you for your inspection.

RE-RELEASE STATEMENT: Once the information is released pursuant to this authorization, it may be re-released by the recipient without knowledge or consent of the University Health Center or by the patient.

Please allow 10 business days for the processing of your request for written records.

I have read this authorization and understand it. Unless revoked this authorization will remain in effect for 360 days from the date it was signed.

Name: UO ID#: Phone#: E-mail address: Date: Signature:

Date needed by: circle choice: PICK UP MAIL FAX

Records released to student on: By: Intake date: By: