## AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Sender: La Sierra University Student Wellness Services, 4500 Riverwalk Parkway, Riverside, CA 92515-8247

I authorize this facility to release the following health information as described below (check the appropriate spaces and include other information where indicated):

The entire health record (all information)	Medical records
Radiology reports (x-ray, ultrasound, CT/MRI, etc.)	Psychiatric records
Laboratory reports (blood tests results, urine tests results etc.)	TB Skin test records
Immunization records	Hospital records (ER visits etc.)
Physical examinations	Counseling summary
	Counseling attendance
Other: (Describe as specifically as possible)	•
*Please note: In accordance with CDC guidelines, all HIV/AIDS records are reported to t released via phone, mail, or fax. A separate signed consent is required for each release of	he recipient in person before the records may be
Recipient: The information identified may be disclosed to the following	
Name of individual/organization:	Fax:
Mailing Address:	Phone:
Purpose of use/disclosure: This information will be used for the follows  ☐ Patient's request ☐ My personal records ☐ Continued care ☐ Other	
Authorization Statements/Signatures:	(preuse deserrise).
1. I understand that once the above information is disclosed, and the HIPAA Privacy Rule may no longer protect the in	
2. I understand that I have a right to revoke this authorization revoke this authorization, I must do so in writing and pres	ent my written revocation to a license
Facility staff member. I understand that the revocation will already been released in response to this authorization.	
3. Unless I specify differently, this authorization will expire	
4. I understand that La Sierra University Student Health Serve treatment or payment on the provision of this authorization	-
Signature of Patient or Personal Representative Print Name	Date
Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)	<del></del>
LA SIERRA UNIVERSITY, RIVERSIDE CA	LAST NAME:



LAST NAME: FIRST NAME: ID#: BIRTHDAY: