

Fort Lewis College Health Center
1000 Rim Drive, Durango, CO 81301
Phone: (970) 247-7355 Fax: (970) 247-7621

Authorization for Release of Health Information

Patient Information:

Patient Name: (Please Print) _____
Date of Birth: _____ Phone Number: _____

I hereby authorize the release of information from my medical record as indicated below:

Records Released From:

Name: _____
Address: _____
City, State, Zip: _____
Fax: _____

Records Released To:

Name: **Fort Lewis College Health Center**
Address: **1000 Rim Drive**
City, State, Zip: **Durango, CO 81301**
Fax: **(970) 247-7621**

Information to be released:

- All medical records on file
- Records dating from _____ to _____
- Recent pap smear and birth control records (including labs, cytology)
- Laboratory/X-Rays from date _____
- Immunization Records _____
- Other (Please specify) _____

I also wish to have the following information released:

- Drug or alcohol treatment/Abuse
(Federal Regulation 42 C.F.R. Part 2) Signature: _____
- Psychological or psychiatric conditions Signature: _____
- HIV Antibodies Signature: _____
- Hepatitis B Signature: _____

Purpose(s) for which information is to be used:

- Other provider(s)
_____ continuing care or _____
- Insurance/Payer claim
- Other (Please specify) _____
- Legal action
- Moving
- School

I certify that this request has been made voluntarily. This authorization may be revoked at any time, except to the extent that action has already been taken to comply with it. Authorization expires ninety (90) days from the date of signature. I release the above named persons, institutions or health centers from liability and claims of any nature pertaining to this disclosure of information contained in my medical records.

Once the office discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

Date

Signature of patient

Witness Signature

Signature of Legal Guardian/Executor

If patient is unable to sign, document reason: _____

Sent _____

By _____