BIOLA UNIVERSITY
STUDENT HEALTH CENTER

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I, (name)_____ hereby give permission for the release of the following information from my medical records:

- ☐ Most recent Physical Exam, with all lab test results
- ☐ Most recent Mantoux TB test (Chest X-Ray report if result positive)
- ☐ All immunization records
- ☐ All Medical Records from date ___/___/_____ to __/___/_____
- ☐ Other:_____

The following records require specified authorization for release:

☐ Mental Health ☐ HIV Related ☐ Alcohol/Drug Treatment

Dates: ___/___/_____to___/___/_____ ___/___/_____to___/___/_____ ___/___/_____to___/___/_____

☐ **TO:** ☐ **FROM:**

NAME: _____ ORGANIZATION: _____

ADDRESS: _____

FAX #: (_____) _____ - _____ PH #: (_____) _____ - _____

☐ **TO:** ☐ **FROM:**

BIOLA UNIVERSITY STUDENT HEALTH CENTER

13800 BIOLA AVENUE, LA MIRADA, CA 90639 ● PH 562-903-4841 ● FAX 562-906-4512

☐ **TO:** PATIENT IN PERSON

For the purpose of: _____

This release is valid from _____/_____/_____ to _____/_____/_____

Unless otherwise indicated, this release expires 90 days from date of signature.

A photocopy of this document shall be honored as a valid request.

Signature:_____ **Date** ___/____/_____

Student ID # _____ Date of Birth ___/____/_____ PH #: (_____) _____ - _____

Last Semester of Attendance _____

Attention: *You have the right to revoke this release at any time by submitting written notice of the withdrawal of your authorization. Revocation of this release will have no effect to the extent that an individual or entity has already acted in reliance upon the release. Health records once exchanged with the receiving party may not be protected under the same privacy laws as those that this facility is under. If you refuse to sign, such refusal will not interfere with your ability to obtain health care. You have the right to request a copy of this authorization.*

For Office Use Only

Date Request Completed: _____ Staff Initials: _____ Number of Pages: ____

Method of Transfer: Fax___ Mail___ Copy Given to_____