



AUTHORIZATION FOR RELEASE OF INFORMATION

Patient's name _____ ID # _____ Date of Birth _____

I authorize (name & address of health care provider to release records)

Name: _____

Address: _____

Phone #: _____ Fax #: _____

To release the following information

- clinical notes, lab reports, pap smear, x-ray reports, x-ray films, psychiatric evaluation, all records, other

Dates of treatment: _____

To: Student Health Service
MSU - Bozeman
PO Box 173260
Bozeman, MT 59717-3260
Fax number: 406-994-2504
Phone number: 406-994-2311

The information for which I am authorizing disclosure will be used for the following purpose:

- Personal records
Continuing treatment with other health care providers

- I understand that this authorization is voluntary, and that I may revoke the authorization at any time by presenting my written revocation to the health care provider listed above. I understand that the revocation will not apply to information that has already been released in response to this authorization.
I understand that if the recipient is not a health plan or health care provider covered by federal privacy regulations, the released information may no longer be protected by federal privacy regulations.
This authorization will expire in six months unless stated otherwise.
Date to discontinue _____
I understand that this may include information regarding HIV/AIDS, sexually transmitted diseases, mental health status or treatment for alcohol and drug abuse.
I understand by authorizing this use or disclosure of information, there will be no conditions placed on my health care or payment for my health care.

By signing below, I understand and acknowledge the following:

- That I have read and understand this authorization.
If I have any questions about disclosure of my protected health information, I may contact the MSU Student Health Service.

Signature of patient

Date

Student Health Service
Montana State University
P.O. Box 173260
Bozeman, MT 59717-3260

Tel (406) 994-2311
Fax (406) 994-2504
TDD (406) 994-4790



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Health Care, Inc.