UTICA COLLEGE

STUDENT HEALTH CENTER
1600 BURRSTONE ROAD, UTICA, NY 13502
PHONE: (315) 792-3094 FAX: (315) 792-3700

Student Name: (Print) ____________________
SS#/Student ID# ____________________
Date of Birth: ____________________
ENROLLMENT YEAR ____________________

I authorize the use of disclosure of my individual identifiable protected health information by any current employee of the Utica College Health Center, or any other person/facility listed below to disclose my protected health information as described on this form to the person(s) organization listed below. I retain the right to revoke this authorization at any time.

Authorization to:

Release medical records TO a person/organization

I authorize Utica College to:

_____ Fax
_____ Mail
_____ Provide me
_____ Discuss

A copy of my: (Check all that apply)

_____ Immunization Record
_____ Physical Exam Record
_____ Accident/Injury Report
_____ Medical Record (specify) ____________________
____
_____ Other (specify) ____________________
____

To: Name(s) ____________________
Address ____________________
____
Phone # ____________________
Fax # ____________________

Student Signature ____________________
Date:

OR

Authorization to:

Obtain medical information FROM a person/organization

I authorize: ____________________
Name of health care professional/Organization   Address

____
Phone Number   Fax Number

To: _____ Release medical information to health care professionals at the Utica College Health Center by phone, fax, e-mail or as deemed necessary to provide proper medical care to me.

_____ Release to Utica College a copy of my: (Check all that apply)

_____ Immunization Record
_____ Physical Exam Record
_____ Accident/Injury Report
_____ Most recent GYN Exam with pap smear results
_____ Medical Record (specify) ____________________
____
_____ Other (specify) ____________________

_____ Release to Utica College my medical, insurance and/or billing information regarding my health insurance coverage and claim submission

Student Signature ____________________
Date: ____________________

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