



## AUTHORIZATION FOR CONSENT FOR RELEASE OF HEALTH RECORDS

I, the undersigned, do hereby authorize and consent Hofstra University Student Health to release my health information.

Name		Date of Birth	
Hofstra ID Number		Telephone	
Address		Attendance Start Date	
		Attendance End Date	
		Check if currently enrolled	

Person or entity to whom your health information will be released:

\_\_\_ TO ME, FOR MY OWN PERSONAL USE \_\_\_\_\_ REASON FOR REQUEST \_\_\_\_\_

\_\_\_ TO ANOTHER ENTITY (Please Describe): \_\_\_\_\_

Please indicate how you wish to have the records provided:

Selection	Manner	Form or Format	Delivery Details
	Postal Mail	Paper Copy	Mailing Address
	Pick up at facility	Paper Copy	Must present ID to pick up records
	Digital Delivery	Secure message on patient portal	Via Mediat
	Fax	N/A	Fax Number:
	Electronic Mail	Sent as an unencrypted email  <b>SH reserves the right to limit records sent via E-Mail. Typically, only immunization records are sent via e- mail.</b>	Initial below to acknowledge your understanding that email is unencrypted, and others may be able to access the information and read it as it is transmitted over the internet.  INITIAL: _____

**PLEASE COMPLETE BOTH PAGES**



Please check all items for which release is approved. Note that your health record may include communicable disease, HIV, drug, alcohol or mental health information. Your submittal of this form indicates understanding of this information and consent to release these records.

<input type="checkbox"/>	Entire Medical Record
<input type="checkbox"/>	Medical Record Abstract (Summary of record)
<input type="checkbox"/>	Immunization Record Report (Summary of documents on file)
<input type="checkbox"/>	Original Documents submitted for Immunization Compliance
<input type="checkbox"/>	Laboratory Reports (May include HIV tests)
<input type="checkbox"/>	Imaging Reports
<input type="checkbox"/>	Other:

The following information may **NOT** be released:

Print Name	
Date Submitted	
Relationship (If other than patient)	
Signature	

## PLEASE COMPLETE BOTH PAGES

For Office Use Only			
Identification Verified:	Hofstra ID	Driver's License	Passport
			Initials
Initial Request Review:			
		Signature	Date
Approval for Release:			
		Signature	Date
Records Released (Initial)		Form Filed (Initial)	