

RELEASE OF HEALTH INFORMATION

With this form, you allow the release of your medical health information. Complete all fields and return to: Carnegie Mellon University Health Services, 1060 Morewood Ave., Pittsburgh, PA 15213, Fax Number: 412 268 6357. Send questions to health@andrew.cmu.edu.



Last Name First Name Middle Initial

_____/_____/_____
Birthdate (mm/dd/yyyy) Email Address Phone Number

Address

Carnegie Mellon University Health Services will send your information to/receive your information from:

Name of facility or person

Address

Phone Number Fax Number

What information should be released? Only checked items will be included.

- Immunization records and health history only
- All medical records **except sensitive documents** (substance use, domestic violence, sexual assault, HIV, mental health)
- Include drug and alcohol information
- Include HIV/AIDS information
- Include domestic violence or sexual assault information
- Include mental health information
- Include medical records from other facilities
- Other (please specify): _____

Consent expires: ____/____/_____
(mm/dd/yyyy)

This consent must have a time limit that does not exceed one year from Client's signature date below. If left blank, consent expires 90 days after Client's signature date. Client may terminate this consent at any time by sending a written request to Carnegie Mellon University Health Services. Termination will cancel future actions, but cannot reverse the release of information already completed.

Dates of service for which you would like information released

Reason for the release of information

I grant my permission for the release of information I've specified above. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy regulations.

Client's signature Date (mm/dd/yyyy)

Authorized representative's signature Relationship to client Date (mm/dd/yyyy)

Signature of Facility staff member who completed the release, and date completed: _____