

**PACIFIC LUTHERAN UNIVERSITY HEALTH CENTER
AUTHORIZATION FORM FOR DISCLOSURE OF HEALTH INFORMATION**

Name _____ PLU ID _____

Date of Birth _____ (MM/DD/YYYY) Today's date _____

I hereby request and authorize the following release of information:

From _____ To _____

Phone _____ Fax _____ Phone _____ Fax _____

The specific information that should be disclosed is (please give dates of service if possible):

Records in the following categories MUST be initialed to be released:

_____ Sexually transmitted infections, antibody test results, pap smears _____ Psychiatric disorders and mental health
_____ HIV/AIDS _____ Drug, alcohol and substance abuse

1. I understand that authorizing this disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the PLU Health Center at 253-535-7337.
2. I may revoke this authorization by notifying the PLU Health Center in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
3. This authorization expires on _____, 20____, OR upon occurrence of the following event that relates to me or to the purpose of the intended use or disclosure of information about me:
_____.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING

Signature of student _____ Date _____

Signature of parent/guardian if student is a minor _____ Date _____

*A copy of this completed, signed and dated authorization form is valid as an original.
Student or other signator has a right to a copy of this authorization.*