

**Consent Form: Authorization to Disclose Health Information**

I, \_\_\_\_\_, authorize Assumption University Student Health Services to  
(release  / receive ) a copy of my health information to/from the person and/or entity I have designated below:

Name / Entity: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

- Undergrad Studies
- Student Affairs
- Counseling
- Sports Med
- Residential Life
- Buildings and Grounds
- Campus Advocate
- Title IX
- Accessibility
- Care Team

**Records to be released:**  Summary of Medical Evaluation – date / description: \_\_\_\_\_  
 Lab Information – date / description: \_\_\_\_\_  
 Immunization Record  
 Other: \_\_\_\_\_

**Circle preferred method of delivery:**      Fax      Mail      Pick-up      Verbal      Email (not secure)

**I am requesting that my student health records be released for the following reasons:**

- Coordinating care between health care providers
- Providing an update on my health status
- Missing classes
- Other: \_\_\_\_\_

• I authorize all of my student health records to be released **except** the following: (be specific about which records you do not want released, for example: specific lab results, specific exam and date, etc.) \_\_\_\_\_  
\_\_\_\_\_

- This authorization shall remain in effect until I cease to be enrolled as a student at Assumption College.
- I have a right to revoke this authorization in writing at any time by submitting such written notification to Assumption College Student Health Services. The revocation will not apply to information that has already been released in response to this Authorization.
- I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of the information.

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Class Year:** \_\_\_\_\_  
please print

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_