MUSC
Medical University of South Carolina

STUDENT HEALTH SERVICES

Medical University of South Carolina
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Charleston, SC 29425
Office: (843) 792– 3664 Fax: (843) 792–2318
shsrecords@musc.edu

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Patient Name: _____ Date of Birth:_____

I authorize MUSC Student Health to: ☐Obtain information **FROM:**☐ Release Information **TO:**

Name of Provider:			
Address:	City:	State:	Zip:
	Office Phone: ( ) -	Office Fax: ( ) -	

The purpose of the disclosure is: ☐Medical Follow Up ☐Other_____

Date (s) of Service: _____

☐ Immunization Record/immune Titers ☐ Lab Results ☐ Radiology Reports
☐ Pathology/Pap Reports ☐ Office Notes ☐ Consultation Reports
☐ Other _____

I understand this information may include results of tests of chronic infectious diseases including chronic hepatitis B, chronic hepatitis C, TB, HIV/AIDS.

I authorize the exchange of this information via: ☐Mail ☐FAX ☐Other_____

I understand that I have a right to cancel/revoke this authorization at any time. I understand that if I cancel/revoke this authorization, I must do so in writing and present my written cancellation/revocation to the Student Health Services. I understand that the cancellation /revocation will not apply to information that has already been released in response to this authorization, as stated in the Notice of Privacy Practice. Unless otherwise canceled/revoked, this authorization will expire/end one year from this date or_____.

I understand that authorizing the disclosure of protected health information is voluntary. I can refuse to sign this authorization. I do not need to sign this form to receive treatment. I understand I may review and/or copy the information to be disclosed, as provided in 45 CFR § 164.524. I understand that any disclosure of information carries with it the possibility of unauthorized disclosure by the person/organization receiving the information. I understand I will be given a copy of this authorization.

Signature of Student_____Date_____

_____
Printed Name of Student

Photo Identification