

**Student Health Services**

**Authorization for release of protected health information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B\_\_\_/\_\_\_/\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Phone \_\_\_-\_\_\_-\_\_\_\_\_ WIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize Washburn University Student Health Services: Release to  Obtain from 

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Phone \_\_\_-\_\_\_-\_\_\_\_\_ Fax \_\_\_-\_\_\_-\_\_\_\_\_

For the following date(s) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Until\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

The following records (please mark the applicable item(s) :

All records Medication and Problem lists 

Consultation Reports  Progress Notes 

Lab Results  X-ray Reports 

**RECORDS OVER 10 PAGES MUST BE MAILED TO THE ADDRESS BELOW**

This release will expire \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

I authorize verbal communication between Washburn University Student Health Services and the above named.

I understand that only the information designated above will be released and that Washburn University Student Health Services cannot assure that the recipient of this information will maintain confidentiality.

This release may be revoked at any time by sending a *written* request to the address below.

Signed (patient name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Washburn University Student Health 1700 S.W. College Ave. Morgan 140. Topeka KS 66621

Phone 785-670-1470 Fax 785-670-1029

SHS 3/2017