

Authorization for the Use or Disclosure of Protected Health Information

University of Missouri-Columbia
Student Health Center
1101 Hospital Drive, DC 800.00
Columbia, MO 65212

Record Release Numbers
Phone (573) 884-9388
Clinical Records Fax (573) 882-5370
Immunizations Fax (573) 884-8902

As set forth more fully in our Notice of Privacy Practices, we are required by law to obtain your authorization for any use or disclosure of your health information for purpose other than treatment, payment or health care operations. In our Notice of Privacy Practices, we provided you information about how University Health Care can use or disclose your health information. You have a right to review our Notice of Privacy Practices before signing this Authorization:

(Patient Name – First, Middle, Maiden, Last)

(Student Number)

(Phone Number including area code)

Social Security Number

(Date of Birth)

I authorize the University of Missouri Student Health Center (SHC) to:

Please check one of the following:

- Obtain protected health information from the following location via (circle one): phone, mail or fax
or
 Release my SHC protected health information to the following via (circle one): phone, mail or fax

(Name of Authorized Person, Agent or Physician)

(Phone Number including area code)

(Company, Hospital or Practice)

(Fax Number including area code)

(Address/Street)

(City/State/Zip)

If applicable, indicate date of clinic appointment when these records will be needed.

The following information from my medical records:

- Clinical Progress Notes ___ including ___ excluding primary care behavioral health
 History and Physical
 Women's Health visit(s) including pap results
 Laboratory Reports (specify which lab tests): _____

 Other _____

- PPD testing, Chest x-ray and treatment records
 Immunizations
 Titers

Specific purpose of request (how info will be used) _____

Covering the period from ____/____/____ to ____/____/____

See Reverse Side

Release Complete:
Faxed _____ Picked Up _____
US Mail _____ Campus Mail _____
By _____ Date _____

Per Federal regulation 42 CFR Part 2 and MSMO 191-656 a specific authorization is required to release “sensitive” information. If such information is contained in a patient’s records, that information will not be released unless specifically authorized below.

<u>Specific data authorized for release</u>	<u>Patient Initials</u>	<u>Date</u>	<u>Provider Initials</u>
HIV Testing and Results	_____	_____	_____
Psychiatry Notes	_____	_____	_____

You may revoke this Authorization in writing at any time, except to the extent that we have already released information in reliance with Authorization. Unless you revoke this Authorization in writing, this Authorization will expire 6 months from the date it was signed or upon expiration of the event for which the authorization was requested.

Student Health may assess appropriate and reasonable fees for copying such information. Such fees will comply with all state and federal laws. See Fee Structure below.

Upon request a copy of this Authorization will be provided to you after you sign it.

I, _____, have read the above information and authorized University Health Care to disclose the identified information to the persons and for the purpose described herein. I understand that, by signing this document, I release and discharge University Health Care from any liability and will hold University Health Care harmless for any release made pursuant to this Authorization.

Patient Signature _____ **Date** _____

Witness _____ **Date** _____

Please allow 5-7 working days to process your request

Fee Structure

Immunization records

- No charge

Enrolled student with health fee:

- Copies sent to another medical facility or self – no charge
- Copies sent to insurance company or attorney - \$17.77 processing fee plus \$.42 per page. This will be charged to the student’s account. If the insurance company or attorney pays the charges, the student account will be credited.

Enrolled student without health fee:

- Copies sent to self will be charged a \$ 20.00 processing fee, which may be charged to the student account.
- Copies sent to another medical facility – no charge.
- Copies sent to insurance company or attorney - \$17.77 processing fee plus \$.42 per page. This will be charged to the student’s account. If the insurance company or attorney pays, the student account will be credited.

Student no longer enrolled at University of Missouri – Columbia

- Copies sent to self or another medical facility – prepaid processing fee of \$20.00 (no charge if they still have health fee. Example, graduated in December but health fee is good until January 21st).
- Copies sent to insurance company or attorney will be charged \$17.77 processing fee and \$.42 per page. This will be billed and collected by the Student Health Center.