



AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Student Health Center

9201 University City Blvd. | Charlotte, NC 28223
Phone: 704-687-7192 | Fax: 704-687-1796 Attn: Medical Records
Website: www.studenthealth.uncc.edu
Email: medicalrecords@uncc.edu

Fill-in form, print, then sign form at the bottom before submitting to the Medical Records Department

Patient's Name: _____ Date of Birth (mm/dd/yy): _____

Previous/Maiden Name: _____ Student ID #: _____

(If applicable)

Contact Phone #: _____

I authorize the UNC Charlotte Student Health Center (SHC) to: CHECK ONLY ONE

_____ Release Information to: _____ Obtain Information from: _____ Verbally Communicate Information to:

Name/Organization: _____

Street address: _____

City, State ZIP Code: _____

Phone #: _____ Fax#: _____ Email*: _____

*Emailed records will only be sent to the patient

Purpose of the requested disclosure: _____ At the request of the individual Other: _____

(State specific purpose of requested disclosure)

Disclosure Method (Check one): _____ Pick-up Person picking up records: _____

(Valid ID required for pick-up)

_____ Mail to Name/Organization listed above _____ Fax to number above _____ Email (Only Immunization records will be emailed)

I authorize the following information to be released:

- Clinical Notes Immunizations Lab Report (s)
- Women's Health X-Ray Report(s) Other (please specify): _____

Limitations to the above release:

Limit the above release to the following treatment date(s): _____

- I understand I may refuse to sign this Authorization. The Student Health Center will not condition my treatment, any payment, or eligibility for benefits on receiving my signature on this Authorization.
- I understand information disclosed pursuant to this authorization may include treatment/care of HIV/AIDS, drug/ alcohol abuse and mental/behavioral health.
- I understand that my information may be re-disclosed by the authorized person/organization receiving the information and, at that point, the information may no longer be protected under the terms of this agreement.
- I may revoke this Authorization at any time by providing a written notice to the SHC, Medical Records Supervisor. The revocation will not apply to information previously released in response to this Authorization.

If the patient is under 18 years of age, this release may be signed by a parent/guardian but will expire upon patient reaching majority age (please specify date below).

Unless revoked, this authorization expires in one year or (specify date **if less than one year**) _____

I have read and understand the information in this Authorization form:

Signature: _____ Date: _____

If other than patient, relationship to patient: _____

Authorization to Release Cover Sheet

The authorization to release health information entitles the named person:

- to request a copy of medical records after a patient visit or periodically throughout the year
- to receive information over the phone regarding a prior visit by the patient
- to consult with provider(s) regarding a visit by the patient
- to request a copy of the walkout statement for insurance filing purposes after a patient visit

Medical records will not be automatically released upon a visit, nor will the Student Health Center automatically notify the named person of a visit by the patient.

Patients will be provided with a walkout statement for insurance filing purposes when they check out after their visits. A copy of this statement may be requested after the visit and according to the terms of the attached agreement.

The release is valid for only one year, unless a shorter amount of time is specified. Periods over one year are not permissible. A new release must be signed each year.

The patient may revoke or limit this authorization at any time by written notice to the Supervisor of the Medical Records Department.

For patients under 18 years of age, a parent or guardian may sign the release but the release will expire upon the patient reaching majority age.

Please follow links below to obtain your University ID number.

Current Students/ Employees go to Banner Self-Service

How do I lookup my UNC Charlotte ID number?

<https://faq.uncc.edu/pages/viewpage.action?pageId=18285093>

<https://pwmanager.uncc.edu/>

Alumni/ Former students/employees go to Legacy Banner Self- Service

How do I lookup my UNC Charlotte ID number?

<https://faq.uncc.edu/pages/viewpage.action?pageId=18285093>

How do I setup my password for Legacy Banner Self Service?

<https://faq.uncc.edu/pages/viewpage.action?pageId=15171742>