



MARYMOUNT UNIVERSITY STUDENT HEALTH CENTER

2807 North Glebe Road ♦ Arlington, VA 22207 ♦ Phone (703) 284-1610
Fax (703) 284-3816 ♦ Email shealthc@marymount.edu

Authorization for Release of Protected Health Information (PHI)

STUDENT INFORMATION
Last name: First name: Student ID: Date of Birth (mm/dd/yyyy):
Phone: Date: [] Current Student OR [] Former Student Last Semester at MU:

AUTHORIZATION INFORMATION
I, _____ request and authorize Marymount University Student Health Center to [] request [] release the information noted below from my medical records to:
[] Medical provider [] Parent/Guardian [] Myself [] Other _____
Recipient: Address:
Phone: Fax: Email:
[] Fax to number above [] Mail to address above [] Email to address above [] Picked up by patient

INFORMATION TO BE RELEASED (select one)
[] All medical records to include all chart entries, diagnostics, test results and reports
[] All records related to visits on the following date(s) _____
[] All records related to the following diagnosis/symptoms _____
[] All records EXCEPT: [] HIV/AIDS [] Psychiatric/Mental Health [] Outside records
[] All medical records EXCEPT _____
[] Immunization records only
[] Test results only from the following date(s) _____
[] Other _____

FEES

Any medical record greater than 10 pages: \$15.00 Duplicate copy of the medical record: \$15.00

Please note: If applicable, records will not be sent without payment.

I authorize and request for my sole benefit the release of medical information which is part of my file in the Student Health Center at Marymount University. This does not constitute blanket permissions for release of such information for an infinite period of time but is limited to this instance only.

I agree that a copy of this release, electronic or faxed submission of this release shall be valid as this original release. I understand that if I authorized the Student Health Center to fax or email the information, that there are inherent privacy risks with these methods.

Patient Signature _____ Date _____

FOR OFFICE USE ONLY
Copied: Initial _____ Date _____ SENT: Mailed Picked-up Faxed Emailed
Initial _____ Date _____