

Your Student Health Services Pharmacy record is strictly confidential.

This record is kept confidential and is not released to anyone without your written consent, except in compliance with state and federal laws (i.e., subpoena, court order, health department reporting requirements, HIPAA etc.)

Copies of your medical record on file with Student Health Services are available with a SIGNED CONSENT FOR RELEASE (see attached files). Copies are available for pickup after 1 p.m. on the next business day, Monday through Friday. Picture identification is required to pick up your copies. Copies can also be mailed to the address or fax to the number you specify on the signed consent for release.

Section B : *Please complete*

Section C :       √ other (please specify): Pharmacy --- indicate: beginning date & ending date

                  √ Purpose of Authorization: at the request of individual

Section D:       √ Expiration On (ex.one month expiration)

INDIVIDUAL'S SIGNATURE: *Please print your name, sign and date*

NB. – after completing the Authorization, you may mail, fax, or scan and e-mail it back to us.

Please feel free to call for any questions.