



Authorization for Release of Personal Health Information

Student Health Center
Linden Hall
201 Mullica Hill Road
Glassboro, NJ 08028-1701

856-256-4333
856-256-4427 (fax)

CLIENT NAME DATE OF BIRTH
NAME WHILE ATTENDING ROWAN UNIVERSITY STUDENT ID #

DATE ENTERED ROWAN UNIVERSITY (MONTH/YEAR) DATE EXITED ROWAN UNIVERSITY (MONTH/YEAR) PREFERRED PHONE NUMBER FOR CONTACT

This will authorize Rowan University Student Health Center to release confidential health information to the following individual or organization:

NAME OF INDIVIDUAL OR ORGANIZATION
ADDRESS
CITY, STATE, ZIP CODE
PHONE FAX NUMBER

The specific information to be disclosed is:

and pertains to my treatment and/or service on or about

The purpose for this disclosure is

I give my authorization for the release of the above information for the purpose specified above. I further understand that I may revoke this authorization at any time in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization. This authorization will remain in effect for a period of \_\_\_\_\_ days, or 60 days if not specified. Requests will be processed within 5-7 business days.

I understand that authorizing the disclosure of health information is voluntary and I can refuse to sign this form if I do not wish this request processed. I do not need to sign this form to assure treatment. I understand that I may inspect or obtain a copy of the information to be used or disclosed in accordance with Rowan University Patient Rights and Privacy Policy. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by state and federal confidentiality rules.

SIGNATURE OF CLIENT OR LEGAL REPRESENTATIVE DATE

IF SIGNED BY LEGAL REPRESENTATIVE, RELATIONSHIP TO CLIENT

FOR OFFICE USE ONLY

- RECORD WAS FAXED/SENT AS REQUESTED. DATE/TIME:
GIVEN TO STUDENT ON: PICTURE ID VERIFIED
NO RECORDS AVAILABLE - STUDENT NOTIFIED ON: