Kent State University Health Services Phone: 330-672-8249 – Fax: 330-672-2272 1500 Eastway Drive -Kent, OH 44242

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Address:	tient's Name:Date of Birth:					
City/State/Zip:						
SSN#:Patient's Phone#:						
E-ma	ail:					
	Check App	ropriate Box				
☐ Lauthorize the University Heal			he University Health Service (UH			
☐ I authorize the University Health Service (UHS) to <u>release</u> information to:		☐ I authorize the University Health Service (UHS) to obtain information from:				
Name of Provider or Facility		Name of Provider or Facility				
Address		Address				
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City/State/Zip		City/State/Zip				
Phone # (include area code)		Phone # (include area code)				
					Fax#:	
PURPOSE FOR THIS REQUEST: (CH	FCK ONF) □ Hea	lthcare □ Insura	ance Coverage			
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	⊔ Ira	nsfer of Care \square	Legal 🗆 Otner			
Check Item(s) Needed Below		Mail [☐ Pick Up ☐ Fax			
	From Date to Dat					
	From Date to Dat	e				
Verification of Visit	From Date to Dat	e	Emergency/Urgent Care V			
Verification of Visit Progress Notes	From Date to Dat	e	Emergency/Urgent Care V Immunizations			
	From Date to Dat	e				
Progress Notes	From Date to Dat	e	Immunizations			
Progress Notes Physical Exam	From Date to Dat	e	Immunizations HIV-Related Information			
Progress Notes Physical Exam GYN Records	From Date to Dat	e	Immunizations HIV-Related Information Alcohol/Drug Abuse-Rela			
Progress Notes Physical Exam GYN Records Laboratory Tests	From Date to Dat	e	Immunizations HIV-Related Information Alcohol/Drug Abuse-Rela			
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PLEASE NOTE: This information has been disclosed to your from confidential records protected from disclosure by state and federal law. No further disclosure of this information should be done without specific, written and informed release of the individual to whom it pertains or as permitted by state law (ORC-3701.243) and federal law 42 CFR, part II.

ROI-7/12cp

ADMINISTRATIVE:

To be completed by an employee of the Student Health Service

Date Request Received:		Received by:				
Circle One:	Records Mailed	Records Picked Up	Records Faxed	Records Denied		
Charge:		Correspondence Received:				
Employee Sig	nature:	Date Request Completed:				