

Preparing people to lead extraordinary lives

Wellness Center

AUTHORIZATION TO RELEASE/OBTAIN PROTECTED HEALTH INFORMATION

Student ID#:					
Student 1Dπ		T Hone t	г•		
☐ Currently Enrolled	Graduate	STATUS		☐Transferred	
Currently Enroned	Da	nte of Graduation		_ ITansierreu	Last Date of Attendance
Check off one: Emo	PIES FOR RELEASE W	Pick-up Lake Shore Co	ampus _	Pick-up Water	Tower Campus
					() check all that apply:
Name:Address:		Fax: Phone:			
Email Address:		I none.			
	OWING INFORMATION Please check off appropriate the control of the	ON FROM THE ABO			'S RECORD
		□ Physical Exam	nination	□ Development	
Dates of treatment/Names of tre					
information prior to use/disclosure I understand the will no longer be protected by appl	cal record for the above dat ndrome/HIV test results and I understand that this Authorate if the receiver is not a heal dicable privacy laws. I undersity of Chicago, but if I do, it is Authorization, the informate treatment will not be conditionally as the same and the same at the same and the same are treatment will not be conditionally as the same are treatment.	NOTICE TO PATIENT tes may contain psychiate ad/or information. I undorization is valid for 60 d th plan or health care prostand that I may revoke the will not affect any actionation will not be released ioned upon my Authorization.	NT tric/deve lerstand t lays from vider the his Authons taken b and/or obtion. I a	lopmental disabilit hat I have the right the date of signatur released informatio orization at any time by the Wellness Cen otained, as applicable bsolve Loyola Unive	o inspect and/or obtain a copy of the e, or until calendar date n may be subject to redisclosure and by giving written notice to the ter before it received the revocation. e. I am signing this Authorization ersity of Chicago and its agents,
Signature of patient or authorized legal guardian			Date		
Relationship to patient, if signed by authorized representative			Date		
Witness			Date		
Signature of staff member who	received form at LUCWO		Date		
		For Office Use Onl	y		
Date Emailed/Mailed/Faxed	ailed/Mailed/Faxed Date of Pick-Up				
By Whom (Please Initial)		By Whom (Ple	ase Init	ial)	