BOISE STATE UNIVERSITY
Health, Wellness and Counseling Services
1910 University Drive Boise, Idaho 83725-1351
Health 208-426-1459
Wellness 208-426-5686
fax 208-426-3005
Counseling 208-426-1601
fax 208-426-2046

AUTHORIZATION TO RELEASE CONFIDENTIAL HEALTH INFORMATION

I, _____ Student ID _____ Date of Birth _____

Last 4 SSN _____ Phone # _____ Date of last appt _____

Address _____

Authorize HWC to: ☐ release to: ☐ obtain from: ☐ exchange with:

Agency: _____ Phone: _____

Address: _____ Fax: _____

☐ I authorize to **RELEASE ALL MEDICAL INFORMATION**, including information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services (including psychotherapy notes) and treatment for alcohol and drug abuse. By checking this box, I authorize **ALL** the health information to be released.

OR

I authorize only the following health information to be released:

- ☐ Psychotherapy Notes
- ☐ Medication List
- ☐ Immunizations
- ☐ Lab Results
- ☐ HIV/AIDS
- ☐ Problem List
- ☐ Most Recent History

OTHER: _____

Signature Date Witness Signature Date

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulation (42 CFR, part 2) prohibits you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of the health or other information if held by another party is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than $500 in the case of the first offense and not more than $5,000 in the case of each subsequent offense. REV 3/09