

UNT STUDENT HEALTH & WELLNESS CENTER REQUEST/RELEASE/DISCLOSURE of MEDICAL RECORDS

I _____
(Print name) (SS#)

do authorize the UNT Student Health and Wellness Center to release(Circle one of the following) **Partial/Complete** copies of my medical records including reports, opinions, evaluations, and any other information which pertains to my medical care or to exchange information regarding my medical care.

AIDS/HIV Infection information is within the scope of this release, unless exception is noted: _____.

ALCOHOL and Drug Use information and/or treatment or Alcohol or Drug Use within the scope of this release, unless exception is noted: _____.

Mental Health information is within the scope of this release, unless exception is noted: _____.

If partial was circled, then identify the specific record to be released; or the information, which can be verbally shared: _____.

Reason/Purpose for release: Personal Records; Specialist; Insurance; Other: _____
(Please circle or identify)

Please release records to myself _____
Or the person named to the right Self/Doctor/Insurance/Other

And/or mail to the destination referenced _____
On the right. Street Address or PO Box

City State Zip Code

The above authorization is to be in effect until such time as I revoke it in writing. An original authorization or photocopy thereof, will authorize release of all of the information requested above.

Signature of Patient _____ **Date** _____

Witness _____ **Date** _____

Failure to provide the required information for release of copies will result in the form being returned for completion. There is a 10 working day period from the date a properly executed release is received until copies are sent.

(Bottom Portion Medical Records Office Use)

(print name) Last First MI
Date of Birth _____ Patient Telephone No _____ Amount Due _____ Copied By: _____

Approval to release Medical Records _____ (Date: _____
Records Supervisor or Medical Provider

_____ Verify Patients Picture Identification _____ Scan Request/Release/Disclosure form into patient's EMR.

