

**San Francisco State University
Gator Student Health Center**

730 Font Blvd. 2nd Floor , San
Francisco, CA 94132-4200

Phone: (415) 338-1251 Fax: (415) 338-2278

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF HEALTH INFORMATION

Treatment, payment, enrollment, or eligibility for benefits may not be conditioned on my providing or refusing to provide this authorization.

Name: _____ Date of Birth: _____ ID# _____

By checking the following, I acknowledge and agree to the statements below

SFSU-Student Health Services maintain my health information as strictly

CONFIDENTIAL My request is voluntary

I have the right to receive a copy of this request

I may revoke this authorization at any time before the date of expiration. This revocation must be in writing, signed by myself or my representative, and delivered to SFSU-Student Health Services.

This release of information is made:

At my request

At my representative's request

For other purposes:

Information to be Disclosed

Dates of Treatment

General Medical (Excludes Gynecological Services)

Immunization(s) (Specify)

Gynecological (Including Pap Tests)

Laboratory Test(s)

(Specify)

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Physical Exam(s) (Specify)

Radiology Test(s) (Specify)

The following information will NOT be released unless you specifically authorize it by checking the relevant items below:

Dates of Treatment:

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Mental Health Service(s) (Specify)

HIV Test Results

Other

AUTHORIZATION

understand that the requester may not further use or disclose this health information without my written authorization, unless such use or disclosure is specifically requested or permitted by law.

authorize the release of the above information FROM the person/provider/agency named below TO SFSU Student Health Services.

authorize the release of above information FROM SFSU Student Health Services TO the person/provider/agency named below.

Name of person/provider/title: _____

Name of agency/department/relationship: _____

Mailing/Campus address: _____

Phone number: _____ Fax number: _____

This authorization is effective as of the date of signature and will expire by: _____

Date

Student Signature: _____

Today's Date: _____