

**BINGHAMTON UNIVERSITY
DECKER STUDENT HEALTH SERVICES CENTER**

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Patient Name _____ Date of Birth _____ B-Number _____
(print clearly)

Former or Maiden Name _____ Year Entered BU _____ Year Left BU _____

Home Address _____

Email _____ Phone/Cell _____

Information to be released by mail fax phone to:

Name _____

Relationship to Student _____

Address _____ Phone _____ Fax _____

There is a fee for faxing health records: \$10.00 for the first 10 pages or any part thereof, and then an extra \$10.00 for every subsequent 10 pages or part thereof. **Payment must be received at time of request in order to be processed.** Make check or money order payable to: Decker Student Health Services Center.

I hereby authorize the Decker Student Health Services Center at Binghamton University to disclose the following information from my health record:

- Immunizations/Health Form**
- Lab/X-Ray Results – Date(s) authorized for release:** _____
- Other: (Include nature and date(s) of illness/injury):**

I understand that this authorization may be revoked by me in writing at any time except to the extent that action has been taken based upon this authorization. Unless otherwise revoked, this authorization will expire on the following date or 6 months from the date of the request if no date is specified. **Expiration Date:** _____

I understand that authorizing the disclosure of my health information is voluntary and not a condition for treatment. I understand that any release of information carries with it the potential for unauthorized disclosure and the information may not be protected by federal confidentiality rules.

Patient Signature

Date

**Completed form/payment may be mailed to:
Decker Student Health Services Center
Binghamton University
PO Box 6000
Binghamton, NY 13902-6000
Fax: 607.777.2881
Phone: 607.777.2221**

Please allow seven business days to process requests for records. During times of heavy volume at the beginning of each semester, allow extra processing time for record requests.