

Specify date(s) of treatment, time period or condition: _____

Limitations upon disclosure: _____

The purpose of this release is:

At the request of the patient/patient representative Other (state reason) _____

EXPIRATION OF AUTHORIZATION:

Unless otherwise revoked, this Authorization expires on _____

If no date is indicated, the Authorization **will expire 12 months** after the date of my signing this form.

FEES: NO FEE WILL BE CHARGED FOR MEDICAL RECORDS SENT DIRECTLY TO ANOTHER HEALTH FACILITY OR CLINIC. A FEE OF 25 CENTS PER PAGE WILL BE CHARGED FOR MEDICAL RECORDS OVER 4 PAGES RELEASED DIRECTLY TO THE PATIENT.

_____ (initial) I understand I may be charged 25 cents per page fee for all copies over 4 pages.

Print Name

Patient Signature

Date

OFFICE USE ONLY:			
Date Records Released:	_____		
Number of Pages:	_____		
By:	Pickup	Fax	Mail
Charges Assessed: \$	_____		

NOTICE: UCSB and many other organizations and individuals such as physicians, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

YOUR RIGHTS: This Authorization to release health information is voluntary. I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment). However, I do have to sign an authorization form in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) solely to create health information to provide to a third party.

This Authorization may be revoked at any time. The revocation must be in writing, signed by you or your patient representative, and delivered to: UCSB Student Health, 588 Building, Santa Barbara, CA 93106-7002 – Attn: Privacy Officer. The revocation will take effect when UCSB receives it, except to the extent UCSB or others have already relied on it.

You are entitled to receive a copy of this Authorization.