

Campus Disability Resource Center

Authorization to Release Confidential Medical Records or Information

* Indicates required field

Employee: *

Humboldt ID#: *

Address: *

City: *

State: *

Zip: *

I hereby authorize the release of medical information:

TO/FROM:

Cal Poly Humboldt
Campus Disability Resource Center (CDRC)
1 Harpst Street
Arcata, CA 95521
Phone: (707) 826-4678

TO/FROM:

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Specific Information Needed:

Medical Notes/Summary

Other: (please specify):

Purpose for This Disclosure: (optional)

Consultation/ADA Accommodation

Consultation/Clarification



As the person signing this authorization, I understand that I am giving my permission to the above-named health care entity for the disclosure of confidential health records. I understand that I have the right to revoke this authorization at any time, but revocation does not apply to health records already disclosed under this authorization.

I understand that health information disclosed under this authorization will not be redisclosed by a recipient. This authorization expires 12 months from date of signature.

Signature of Individual
(or Individual's Legal Representative if Individual is Unable to Sign)

Date of Signature

Relationship or Authority of Legal Representative

I UNDERSTAND and I HEREBY RELEASE THE ABOVE LISTED FACILITY, ITS EMPLOYEES, STAFF, AND AGENTS FROM ALL LEGAL RESPONSIBILITY OR LIABILITY THAT MAY ARISE FROM THE DISCLOSURE OF THE INFORMATION SET FORTH ABOVE RELATING TO MY MEDICAL RECORDS.

Signature of Patient or Authorized Person

Date of Signature

- This information has been disclosed to you from records that may be protected by federal confidentiality rules 42 CFR Part 2.
- The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42 CFR Part 2.
- A general authorization for the release of medical or other information is not sufficient for this purpose.
- The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient.