



**SAINT LOUIS
UNIVERSITY™**

— EST. 1818 —

Student Health Center
Marchetti Towers East
3518 Laclede Avenue
St. Louis, MO 63103
P: 314-977-2323
F: 314-977-7165
shc@slu.edu

<http://www.slu.edu/student-health-center>

Authorization to Obtain Patient Information

I hereby authorize Saint Louis University Medical Group to obtain information from:

Doctor or Hospital

Address (Street, City, State, ZIP code)

Phone Number

The following information from the medical records on:

Patient's Name Previous Names

Birth Date

Social Security Number

Information to be released:

Date(s) of service: _____

____ Progress Notes

____ Laboratory Reports

____ History and Physical

____ Operative Reports

____ Discharge Summary

____ Physician Orders

____ Radiology Reports

____ Entire Record

Specific Information: _____

I understand that the specific information to be released may include, but is not limited to: history, diagnoses, and/or treatment of drug or alcohol abuse, mental illness, or communicable disease, including human immunodeficiency virus, (IDV) and acquired immune deficiency syndrome (AIDS). I authorize the release of this specific data. I also understand that this authorization may be revoked by the person giving authorization by a written and dated notice, except to the extent that disclosure of information has been made prior to receipt of the revocation.

This authorization expires six months from the date of signature, unless I specify otherwise or revoke my authorization. I understand that my health care and the payment for my health care will not be affected if I do not sign this form. I understand that if the organization authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations.

I have read and understand this consent and I have signed it voluntarily and of my own free will.

Signature of Patient or Parent/ Executor/ Legal Representative

Signature of Witness

Relationship to the Patient

Date

Date