

SUNYIT Health and Wellness Center  
 100 Seymour Road Utica, NY 13502  
 Phone: 315.792.7172  
 Fax: 315.792.7371



Student Name:(Print) \_\_\_\_\_

Student ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I authorize the use or disclosure of my individual identifiable protected health information by any current employee of the SUNYIT Health & Wellness Center, or any other person/facility listed below to disclose my protected health information as described on this form to the person(s)/organization listed below. I retain the right to revoke this authorization at any time.

<p><b>Authorization for SUNYIT to:</b>  <u>Release</u> medical records <b>TO</b> a person/organization</p> <p><b>I authorize SUNYIT to:</b>  <input type="checkbox"/> Fax  <input type="checkbox"/> Send/Mail  <input type="checkbox"/> Provide me  <input type="checkbox"/> Discuss</p> <p><b>A copy of my:</b> (Check all that apply)  <input type="checkbox"/> Immunization Record  <input type="checkbox"/> Physical Exam Record  <input type="checkbox"/> Accident/Injury Report  <input type="checkbox"/> Medical Record (specify) _____      _____  <input type="checkbox"/> Other (specify) _____      _____</p> <p><b>To:</b> Name(s) _____      Address _____      _____      Phone Number _____      Fax Number (if applicable) ( _____ ) _____</p> <p><b>Student Signature</b> _____  <b>Date</b> _____</p>	OR	<p><b>Authorization for SUNYIT to:</b>  <u>Obtain</u> medical information <b>FROM</b> a person/organization</p> <p><b>I authorize:</b> _____  <small>Name of health care professional/Organization      Address</small></p> <p>_____ <small>Phone Number      FAX Number (if applicable)</small></p> <p><b>to:</b> _____ Release medical information to health care professionals at the SUNYIT Health &amp; Wellness Center by phone, fax, e-mail or as deemed necessary to provide proper medical care to me</p> <p>_____ Release to SUNYIT a copy of my: (Check all that apply)  <input type="checkbox"/> Immunization Record  <input type="checkbox"/> Physical Exam Record  <input type="checkbox"/> Accident/Injury Report  <input type="checkbox"/> Most recent GYN Exam with pap smear results  <input type="checkbox"/> Medical Record (specify) _____      _____  <input type="checkbox"/> Other (specify) _____      _____</p> <p>_____ Release to SUNYIT my medical, insurance and/or billing information regarding my health insurance coverage and claim submission</p> <p><b>Student Signature</b> _____  <b>Date</b> _____</p>
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