STUDENT HEALTH SERVICES
TEXAS A&M UNIVERSITY
DIVISION OF STUDENT AFFAIRS

Website: shs.tamu.edu

AUTHORIZATION FOR STUDENT HEALTH RECORDS RELEASE - EMERGENCY MEDICAL SERVICES

Phone: (979) 458-8265 Fax: (979) 458-8261

Patient Name: (print) _____
Last Name First Name M.I. Maiden (if applicable)

UIN or Social Security # _____ - _____ - _____ Date of Birth: _____/_____/_____ Check one: ☐ Male ☐ Female
Month Day Year

Patient Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Are you currently enrolled at Texas A&M University? Yes ☐ No ☐

Method of Delivery: Pick-up ☐ Mail ☐ Fax ☐ Verbal Communication ☐ Electronic Format ☐

I AUTHORIZE EMS TO **OBTAIN / RELEASE** MY HEALTH INFORMATION **FROM / TO:**
(please circle) **(please circle)**

Name/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (_____) _____ Fax # (_____) _____

Attention: _____

REDISCLOSURE - to Recipient: This information is being disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CRF Part 2) prohibit you from making any further disclosure of this information except with specific written consent of the person to who it pertains.

The information you authorize for release may include information regarding mental health, drug or alcohol use/abuse, communicable diseases, pregnancy, and HIV/AIDS unless otherwise marked to exclude.

PLEASE CHECK APPLICABLE REQUESTS:

- ☐ Date of Service Date of Incident: _____
- ☐ All Health Records
- ☐ All Health and Billing Records
- ☐ All Billing Records
- ☐ Copy of Other Specified Record(s) (i.e., mental health, drug or alcohol use/abuse, HIV/AIDS, nutrition, physical therapy, pregnancy, etc.):
  Please specify: _____

PURPOSE FOR THIS REQUEST: _____

These requests are episodic in nature. Please submit a separate form for each encounter/request.

Texas A&M University EMS accepts payments by check, Aggie Bucks, Visa, MasterCard, and Discover. You may request payment on your credit card by completing the information below:

AMOUNT TO CHARGE: $_____ CHECK ONE: ☐ VISA ☐ MASTERCARD ☐ DISCOVER CARD **EXPIRATION DATE: _____/_____**

CARD NUMBER: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ **CVV (LAST THREE DIGITS ON BACK OF CARD):** ___ ___ ___

BILLING ADDRESS: _____

CARDHOLDER PRINTED NAME: _____ **CARDHOLDER SIGNATURE:** _____

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HEALTH RECORDS RELEASE
Emergency Medical Services, Texas A&M University

The following provide you with information on your rights and the procedures for exercising your rights to protected health information about you; and furthermore, it puts you on notice of the uses and disclosures expected to be made of your protected health information.

- I understand that my protected health information may be used to carry out treatment, sent to insurance carriers for payment, or for health care operations.
- I understand that I reserve the right to review the notice prior to signing the consent.
- I understand that Texas A&M University Emergency Medical Services, herein referred to as TAMU EMS, has reserved the right to change its privacy practices.
- I understand that I have the right to request the SHS to restrict how information is used or disclosed to carry out treatment, payment, or health care operations.
- I understand that TAMU EMS is not required to agree to any of such restrictions.
- I understand that if TAMU EMS does agree to my restrictions, TAMU EMS is bound by the restriction.
- I understand that the authorization expires after 180 days.
- I understand that I have the right to revoke the consent, except to the extent that TAMU EMS has already acted in reliance on the consent.
- I understand that this consent must be signed by me or by my parent or guardian if I am under 18 years of age and have not been emancipated.
- I understand that there are permitted uses and disclosures for which authorization is not required as in disclosures and uses for public health activities; health oversight activities; judicial and administrative proceedings; coroners and medical examiners; general law enforcement purposes; disclosures of directory information; banking and payment processes; research purposes; emergency circumstances; disclosures to next-of-kin if I verbally agreed to the disclosure; or there are circumstances where such agreement cannot practicably or reasonably be obtained; special classes such as for military purposes, the Department of Veteran Affairs, the Intelligence community, Department of State, and Foreign Services or other United States Government employees for medical clearance determinations; and other uses and disclosures where such use or disclosure is required by law and the use of disclosure meets all relevant requirements of such law.
- I understand that I may request that certain uses and disclosures of my protected health information be restricted, and TAMU EMS is not required to agree to such a request.
- I understand that I have the right to request, and a description of the procedures for exercising, the following with respect to my protected health information: (i) Inspection and copying; (ii) Amendment or correction; and (iii) An accounting of the disclosures of such information by the TAMU EMS.
- I understand that I may complain to the EMS Coordinator at Texas A&M University Emergency Medical Services, telephone: (979) 458-8265 and to the Department of Health & Human Services (DHHS) if I believe that my privacy rights have been violated.
- I acknowledge that the information used or disclosed to any entity other than a health plan or health care provider may no longer be protected by the federal privacy law.

____
Student/Patient Signature Date

____
UIN #

____
Parent/Guardian Signature (if patient is under 18) Date

Privacy Information Statement

"State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."

_ _

Record released by: ____
Student Health Services Staff Date

☐ Disclosure documented by SHS _________________ Staff Initials: ______________________

Student Health Services - A.P. Beutel Health Center - 1264 TAMU - College Station, Texas 77843 – 1264