

AUM Student Health Services

Medical Information Release

Form (HIPAA Release Form)

Name: _____

Date of Birth

11/12/58

Release of Information

☒ I authorize the release of information including the diagnosis, records, examination rendered to me, and claims information. This information may be released to:

☒ Spouse: Jonathan Geyette

☐ Child(ren): _____

☒ Other: Fred Hard

☐ Information is not to be released to anyone.

This ***Release of Information*** will remain in effect until terminated by me in writing.

Messages

Please call ☒ my home ☒ my work ☒ my cell number: (254) 339-4258

If unable to reach me:

☒ you may leave me a detailed message

☐ please leave a message asking me to return your call

☐ other: _____

The best time to reach me is (day or days) anytime between _____ and _____ times.

Signed: _____

Date: 3/9/20