



Division of Student Life and Academic Development • Student Health Service • 29 Everett Street, Cambridge, MA 02138 Phone 617.349.8222 Fax 617.349.8225

# Lesley University Health Service

## AUTHORIZATION for RELEASE of MEDICAL INFORMATION

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I request that my medical records be released from:**

Lesley University  
Student Health Service  
29 Everett St.  
Cambridge, MA 02138  
Phone: 617.349.8222 Fax: 617.349.8225

**Forward records to name/facility information:** \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Information to be released:**

Complete Medical History \_\_\_\_\_  
Immunizations and Physical Exam \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_

**Term: this authorization will remain in effect until:**

\_\_\_ Six months from the date of this authorization  
\_\_\_ Other:  
\_\_\_\_\_

**In addition, I have initialed my authorization of the specific categories of information below:**

- \_\_\_ Information about HIV/AIDS status
- \_\_\_ Information about genetic testing
- \_\_\_ Information related to confidential communications with a psychiatrist, psychologist, social worker, sexual assault counselor, domestic violence counselor or other mental health professional or human services professional
- \_\_\_ Information about venereal disease
- \_\_\_ Information about family planning
- \_\_\_ Information about treatment of substance abuse (alcohol and/or drugs).

I have read and understand the terms of this authorization and I have had an opportunity to ask questions about the use and disclosure of my health information. By my signature below, I hereby knowingly and voluntarily, authorize disclosure of the above protected health information to the persons or agencies listed above.

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(Patient or legal representative signature)

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Date

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(If patient is a minor or incapacitated, indicate representative's authority to act on patient's behalf)