Student Name: _____
Student ID #: _____
Date of Birth: _____
Grad. Year: _____

GOUCHER | college
STUDENT HEALTH CENTER

1021 Dulaney Valley Road
Towson, MD 21204
410-337-6050 (Phone)
410-337-6051 (Fax)

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL RECORDS AND INFORMATION

I, the undersigned student or legal representative, hereby authorize _____
□ to disclose □ to receive □ to exchange
the following information from my records in verbal, electronic and/or written form:

- ❑ History and Physical exam performed on Date:_____ Time: _____
- ❑ Goucher College Student Health Services visit on Date(s)_____
- ❑ GYN records, annual GYN exam, PAP, other tests results performed on Date(s)_____
- ❑ Lab reports**, x-ray reports, and other test results from Date:_____ to Date:_____
- ❑ Immunization records from Date:_____ to Date:_____
- ❑ Psychiatric evaluation from Date:_____
- ❑ Mental Health Records from Date:_____ to Date:_____
- ❑ Verification of treatment
- ❑ Other:_____

I am aware that the records released may contain information related to sexually transmitted disease, HIV-status, alcohol use, or mental health. I, specifically, PROHIBIT the release of the following information (SPECIFY):

_____INITIAL HERE:_____

Purpose of disclosure of information (check all that apply):

- ❑ At patient's request
- ❑ Continuing care
- ❑ Verification of services provided for insurance payment purposes
- ❑ Other:_____

Person/institution to whom information is to be disclosed:

- ❑ Self
- ❑ Goucher College Student Health & Counseling Staff:_____
- ❑ Goucher College Administration/Faculty/Staff: _____
- ❑ **Non-Goucher Recipient**: _____

Address:_____

Phone/Fax: _____

Expiration Date of Authorization (may not exceed one year): _____

Student Signature _____ Date: _____

Signature of Legal Representative (if applicable):_____ Describe authority to act for the student:_____

You may revoke this authorization at any time, by writing to Director, Goucher College Student Health and Wellness. The revocation will become effective on date received by Director. The recipient of information covered in this release may not make any further disclosure of the information without specific consent of the student or his/her legal representative or as otherwise provided by law. **Version 8/2024**