



MEDICAL RECORD REQUEST/ RELEASE AUTHORIZATION

Section 1

Name: \_\_\_\_\_ ID #: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Section 2

I authorize Brown University Counseling and Psychological Services and/or Health Services to disclose a record of my care to:

Name: Student Support Services - Medical Leave Clearance Committee
Address: 42 Charlesfield St., 4th Floor, Brown University Providence RI 02912
Phone #: 401-863-3145 Fax #: 401-863-1999

Section 3

For the purpose of: Consultation Treatment Claim Settlement Other: Leave clearance process

Section 4 - Please check one (1) option below:

- Release all information in my medical record (including information regarding mental health, drug or alcohol abuse, sexually transmitted diseases, or HIV related information, including testing).
Release all information in my medical record, except for:
mental health
drug or alcohol abuse
sexually transmitted diseases
HIV related information, including testing
Release only the following specific information in such records:
The content of the letter written by my home provider for the purpose of returning from leave.

Section 5

I understand that my records are maintained in accordance with the Family Education Rights and Privacy Act and the General Laws of Rhode Island and cannot be disclosed without my written consent except as otherwise provided by law.

Any information released or received as a result of this consent shall not be further relayed in any way to any other person, organization, entity or other without an additional written consent from me. I may withdraw this consent by giving written notification to the above party, at any time prior to the disclosure or release of the information. In the absence of my prior withdrawal, this consent will expire 180 days after it is signed.

I have read this notice and consent prior to signing and I understand its contents.

Signed \_\_\_\_\_ Date: \_\_\_\_\_
Signature of Patient (\*or Legal Guardian if under 18)
(\*Relationship to Patient) \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

Faxed Mailed Picked Up Date: \_\_\_\_\_ Initials: \_\_\_\_\_