CONSENT FOR REQUEST/RELEASE/DISCLOSURE of MEDICAL RECORDS

I _____ _____ _____

(Print name) **UNT ID #** **(DOB)**

I do authorize the following departments to release to one another, by way of copies and/or verbal exchange, any and all of my medical records including reports, opinions, evaluations, counseling, and any other information which pertains to my medical care and treatment.

- ☐ **UNT Student Health and Wellness Center**
- ☐ **UNT Counseling and Testing Services**
- ☐ **UNT Dean of Students Office/CARE Team**
- ☐ **UNT Office of Disability Access**
- ☐ **UNT Financial Aid Office**
- ☐ **UNT Survivor Advocate/Title IX Coordinator/Dean of Students**
- ☐ **OTHER**_____

AIDS/HIV infection is within the scope of this release, unless exception is noted:

_____

Alcohol and drug use information is within the scope of this release, unless exception is noted:

_____

Mental health information is within the scope of this release, unless exception is noted:

_____

The above authorization is to be in effect until such time as I revoke it in writing. Unless otherwise stated, this release will expire one year from the date of signature. An original authorization or photocopy; thereof, will authorize release of all of the information requested above. This information may be subject to re-disclosure by the recipient – it is not protected by this release.

This release will expire on: _____

Signature of Patient _____ **Date** _____

Witness _____ **Date** _____

Failure to provide the required information for release of copies will result in the form being returned for completion. There is a 10 working day period from the date a properly executed release is received until copies are sent.

(Bottom Portion Medical Records Office Use)

_____

(Print name) Last First MI

Date of Birth_____ Patient Telephone No _____Amount Due_____ Copied By: _____

Approval to release Medical Records _____ Date: _____

Records Supervisor or Medical Provider

_____Verify Patient Picture Identification _____Scan Request/Release/Disclosure form into patient EMR

Revised: 6/26/02; 7/19/07; 4/3/09; 8/26/09; 4/02/2014; 1/20/15; 1/14/16; 8/25/16; 9/27/16; 11/28/23