UCLA Ashe Center | Student Health and Wellness

STAFF USE ONLY
☐ Completed
Rev. 07/2016

Authorization for Release of Medical/Billing Information

Name (Last, First):____
Birthdate: _________ UCLA Student ID: _______________ Phone: _______________
Email: ___________________________________

I authorize: UCLA Arthur Ashe Student Health and Wellness Center to Release PHI to:

Name: ____
Address: ____
Phone: _________________________________ Fax: ___________________________
Email: __________________________________

Type of Disclosure:

☐ Verbal Exchange

☐ Paper Copy Via

☐ Mail ☐ Fax ☐ Pick up (4th Floor, Room 418, Mon-Fri 9am-12pm, 2-4pm)

Please specify the information you authorize to release:

	All	**or**	**Dates**
☐ Medical Records	☐		___/___ /___ to ___/___/___
☐ Clinical Notes	☐		___/___ /___ to ___/___/___
☐ Immunizations Records	☐		___/___ /___ to ___/___/___
☐ HIV Test Results (Pick Up Only)	☐		___/___ /___ to ___/___/___
☐ Lab/X-Ray Reports	☐		___/___ /___ to ___/___/___
☐ Optometry Records	☐		___/___ /___ to ___/___/___
☐ Itemized Billing Statement:	☐		___/___ /___ to ___/___/___
☐ Include CPT Codes (For students with private insurance only)			
☐ Statement of Medication Dispensed:	☐		___/___ /___ to ___/___/___
☐ Include CPT Codes (For students with private insurance only)			

☐ Other: ____
____

This Authorization is valid until: ________________. Unless otherwise specified, this Authorization is valid for 90 calendar days after the date of signing this form. After 90 days, the record copies will be destroyed. There will only be charges for third-party medical record requests. No refunds will be issued.

It is prohibited by law to release/disclose the attached/enclosed information to anyone except those specified above, I understand that this Authorization alone may not authorize release of psychiatric or HIV information.

Patient Signature: ______________________________ Date: __________
Witness Signature: ______________________________ Date: __________

Ashe Center Medical Records Office
221 Westwood Plaza, Box 951703, Los Angeles, CA 90095-1703
Phone: 310-825-4694 Fax: 310-206-8012