

# Authorization to Release Information from the Medical Record/Radiology

STAFF USE ONLY

Done

UCLA  
Arthur Ashe  
Student  
Health &  
Wellness  
Center

## Authorization

Please release the records of:

Last Name, First Name \_\_\_\_\_

Birthdate \_\_\_\_\_ UCLA Student ID # \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Last 4 # of SS \_\_\_\_\_

To: Name of Individual/Clinic/Hospital/Etc \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### Indicate the option you prefer:

Mail records to address above

Pick-up copy(ies) @ the 1st Floor Solutions Center

Note: You may pick up copy(ies) Monday-Friday from 9am to 4pm.

### Restrictions - Please release the following: (Check one)

All Medical Records  HIV Test Results (Specify)

Clinical Notes Only  Lab/X-Ray Reports Only

X-Ray Film Copy(ies)  Other (specify): \_\_\_\_\_

Restrict to the following dates/conditions: \_\_\_\_\_

Restrict to information necessary to complete form provided

**Unless otherwise specified below, this Authorization is valid for 90 calendar days after today.**

**If not 90 days, this Authorization is valid until:** \_\_\_\_\_

If not picked up within 90 days from the date of request, records will be destroyed. 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. I understand that there will be a charge of \$10 if more than 2 pages are printed and that if I am a current registered UCLA student, charges will automatically be billed to BAR. If you are no longer a UCLA registered student, you will be notified to send a payment before we can complete your records request.

Patient signature \_\_\_\_\_

Date \_\_\_\_\_

Patient Name  
(PLEASE PRINT) \_\_\_\_\_

Date \_\_\_\_\_

Witness signature \_\_\_\_\_

Date \_\_\_\_\_

### Radiology Requests ONLY:

Please contact Ashe Center Radiology @ (310) 825-4721 to make arrangements, determine film breakdown, incurring charges, & for more information. Copy film charges are as follows:

- Non-archived images: \$5/1st film sheet & \$2 per sheet thereafter
- Archived images: \$10/film sheet OR \$15/CD (add'l CD is \$5)

Please select preferred copy format:

CD Format  Film sheet

### STAFF USE ONLY

Charges: \_\_\_\_\_ \$15 CD \_\_\_\_\_ \$5 add'l CD

\_\_\_\_\_ \$5 sheet \_\_\_\_\_ \$2 add'l x \_\_\_\_\_ sheet