Wingate University Health Center
health.center@wingate.edu
PO Box 109, N. Camden Road
Wingate, NC 28174
Phone: 704-233-8102 / Fax: 704-233-8104

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

This authorization will expire sixty days from the date signed. I understand that I may revoke this authorization at any time by writing to the Director at Wingate University Health Center, but it will not affect information previously sent.

PATIENT INFORMATION (Please Print)

Last Name	First Name	Middle Initial	WU ID#
Street Address			Birth Date
City	State	Zip	Phone #

☐ I REQUEST WINGATE UNIVERSITY HEALTH CENTER TO **RELEASE** MY RECORDS TO:

Name		Phone#: Fax#:
Address	City/State	Zip

☐ I REQUEST WINGATE UNIVERSITY HEALTH CENTER TO **RECEIVE** MY RECORDS FROM:

Name		Phone#: Fax#:
Address	City/State	Zip

CHECK APPROPRIATE BOX (Records cannot be emailed)	☐ MAIL	☐ PICK UP	☐ FAX

	INCLUDES	From Date…..To Date		EXCLUDE
☐	Full Medical Record		☐	HIV-Related Information
☐	History & Physical Exam		☐	Communicable Disease-Related Info
☐	GYN Records		☐	Alcohol/Drug Abuse-Related Information
☐	Immunizations; PPD		☐	Mental health diagnosis/treatment info
☐	Emergency/Urgent Care Visit		☐	
☐	Inpatient Discharge Summary		☐	
☐	Laboratory Tests		☐	
☐	Radiology/Imaging Results		☐	
☐	Other:		☐	

PURPOSE OF DISCLOSURE OF INFORMATION: ☐ Verification of services for insurance payment purposes
☐ Patients Request ☐ Continuation of Care ☐ Other_____

I understand that the Health Center may not condition its provision of treatment on my signing this authorization, with the following two exceptions:

1. If I refuse to authorize disclosure for research purposes, Health Center may refuse to provide treamtent related to that research
2. If I refuse to authorize disclosure to a third party, Health Center may refuse to provide health care that is solely for the purpose of disclosure to that third party (e.g. Athletic Dept)

I understand that I may revoke this authorization at any time, by writing to the Director at Wingate University Health Center. The revocation will become effective on the day the University receives it, except to the extent that : (a) the University has made a disclosure before the effective date of the revocation; or (b) if the authorization was obtained as a condition of obtaining health insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself. **Charges may apply for requested records.**

☐ Email confirmation of request completion to _____@_____

Name (Print)	Phone #
Signature	Date

Office use Only: Done by:_____ On:_____ Mail:_____ Pick-up_____ Fax:_____ Conf Email:_____