HOFSTRA NORTHWELL SCHOOL of NURSING AND PHYSICIAN ASSISTANT STUDIES

HOFSTRA UNIVERSITY
Student Health Services

AUTHORIZATION FOR CONSENT FOR RELEASE OF HEALTH RECORDS

I, the undersigned, do hereby authorize and consent Hofstra University Student Health Services to release my health information.

Name		Date of Birth	
Hofstra ID Number		Telephone	
Address		Attendance Start Date	
		Attendance End Date	
		Check if currently enrolled	☐

Person or entity to whom your health information will be released:

☐ TO ME, FOR MY OWN PERSONAL USE

☐ TO ANOTHER ENTITY *(Please Describe):*

REASON FOR REQUEST

Please indicate how you wish to have the records provided:

Selection	Manner	Form or Format	Delivery Details
☐	Postal Mail	Paper Copy	Mailing Address
☐	Pick up at facility	Paper Copy	Must present ID to pick up records
☐	Digital Delivery	Secure message on patient portal	Via Medicat
☐	Fax	N/A	Fax Number:
☐	Electronic Mail	Sent as an unencrypted email **SHS reserves the right to limit records sent via E-Mail. Typically, only immunization records are sent via e-mail.**	Initial below to acknowledge your understanding that email is unencrypted, and others may be able to access the information and read it as it is transmitted over the internet. INITIAL: _____

PLEASE COMPLETE BOTH PAGES

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Please check all items for which release is approved. Note that your health record may include communicable disease, HIV, drug, alcohol or mental health information. Your submittal of this form indicates understanding of this information and consent to release these records.

	Entire Medical Record
	Medical Record Abstract (Summary of record)
	Immunization Record Report (Summary of documents on file)
	Original Documents submitted for Immunization Compliance
	Laboratory Reports (May include HIV tests)
	Imaging Reports
	Other:

The following information may **NOT** be released:

Print Name	
Date Submitted	
Relationship (If other than patient)	
Signature	

PLEASE COMPLETE BOTH PAGES

For Office Use Only				
Identification Verified: ☐ Hofstra ID ☐ Driver's License ☐ Passport				*Initials*
Initial Request Review:				
	Signature		*Date*	
Approval for Release:				
	Signature		*Date*	
Records Released (Initial)		Form Filed (Initial)		

Updated 2/23