Bard Student **Health** Services

Bard College, PO Box 5000, Annandale-on-Hudson, NY 12504 | Phone: (845) 758-7433 | Fax: (845)758-7437

Medical Record Release Form

In compliance with the Family Educational Rights and Privacy Act (FERPA) Bard College does not release student's Treatment Records without signed authorization from the student. If you would like to receive information about your student's health care here at Bard, please have the student complete this form and return it to Student Health Services.

Student Name: ____ Date of Birth ____________________

I, (print name)____, a student at Bard College, hereby waive my right of exclusive access to my health record, and authorized Student Health Services to release and share PHI including diagnoses, treatments and prognoses with the person(s) named below.

Name	Phone	Relationship

This authorization is made ☐ *at my request,* ☐ *or specify*____

CONDITIONS OF AUTHORIZATION

1. This authorization will expire on (insert date or event) _____/_____/_____ ______________________________
2. I may revoke this authorization at any time by notifying Bard Health Service and it will be effective on the date notified except to the extent that Bard Health Service has acted upon such Authorization
3. Information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer protected by Federal privacy regulations.
4. By authorizing this release of information, my healthcare and payment for my health care will not be affected if I do no sign this Authorization form.

Signature ____ Date ______________________

Witness ____ Date ______________________