Bradley University Student Health Center 819 N. Glenwood Ave Markin Center, Peoria, IL 61625

Telephone: (309) 67-2700 Fax: (309)67-78534

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize Bradle	ey Health Centero RELEASE/BTAIN the relevant medical record information of:
	DOB//S9N
Name of Patient	MO DATE YEAR
I approve the rele	ase of medical records dated from/ to/ to/ MO DATE YEAR MO DATE YEAR
To/From the follo	wing individuals or organization
Address	Phone
RECORDS TO I	BE DISCLOSED
Please initial one	of the following choices:
	All medical records, including records concerning any mental health and developmental disabilities, alcohol and drug abuse records and HIV testing
	All medical records pertaining to (please choose from the following): Health Records Immunization Records
	Health Records pertaining to a specific medical condition (please specify)
	Mental Health Records
	Alcohol and Drug Abuse Records
	HIV testing

DISCLOSURE INFORMATION

I understand that my records are protected under law and cannot be disclosed without my written permission unless otherwise provided by statues or regulations. I have the right to revoke this consent by written statement at any time prior to release. I understand that I have the right to inspect and copy the information to be disclosed although in certain instances applicable states or regulatio()]