

## **Patient Disclosure Authorization**

University Health Services Florida State University 960 Learning Way Tallahassee, FL 32306-4178

Health Compliance: (850) 644-3608 Fax: (850) 644-8958

Electronically submit using NiFty: nifty.fsu.edu (Recipient: uhs-healthcompliance@fsu.edu)

| Student's Name (Printed)_  | Last   | First   | MI   | FSUSN / em   | pIID   | Date of Birth   |
|--|--|---|--|--|--|---|
| Emergency Contact Name   |  |   |  | _Relationship to Patie   | nt   |   |
| Address  |  |   |  | Phone ()   |  |   |
| Do you want your treatmer  | nt at University   | Health Services (L  | JHS) discuss   | ed with this person?   | Yes  | No  |
| The staff members of UHS medical condition, test res   |  |   | confidential.  | Please list all individua  | lls with whom  | we may discuss you  |
| ,  | •  | •   | ΛΥ TREATM  | ENT AT UHS WITH:   |  |   |
| Note: Accepted relationsh will not honor disclosure for relationships other than the   | ip include imme<br>or discussion o   | ediate family mem<br>f medical condition  | bers such as<br>ns, test resu  | , mother, father, spous<br>ts, and/or treatment p  |  |   |
| 1  |  |   | Relation   | onship   |  |   |
| 2  |  |   | Relation   | onship   |  |   |
| 3  |  |   | Relation   | onship   |  |   |
| 1 Lunderstand and acknow   |  |   |  | DGES THE FOLLOW  |  | on to file a claim to my  |
| <ol> <li>I understand and acknown health insurance carried UHS may not be a combalance, or services not under my individual particles. I am aware placed on my registration Financial Services.</li> </ol>   | owledge by siger for the purpontracted provident covered by man. I give UH that any unpai  | ning this documen<br>se of payment for<br>er with my individu<br>ny insurance plan.<br>IS permission to p<br>d balance on my  | of that I give I<br>services I ha<br>al health inso<br>I understan<br>place these<br>account with  | University Health Service ve received at UHS. If urance plan and that I is that it is my responsibunpaid balances on measurements.   | ces permissic<br>further under<br>may be respo<br>bility to know<br>by account way   | rstand and agree that<br>onsible for any unpaid<br>what coverage I have<br>ith Student Financial<br>nerate a "hold" being   |
| health insurance carried UHS may not be a combalance, or services not under my individual particles. I am aware placed on my registratifications.  | owledge by siger for the purpontracted provide to covered by man. I give UH that any unpair and that I man. MATION: I under Health Service ate and federal   | ning this document se of payment for er with my individury insurance plan. Its permission to plan dependent of the payment of | at that I give I services I hat al health instance I understand lace these account with ervice fees of the service fees of the | University Health Service ve received at UHS. It urance plan and that It is that it is my responsible unpaid balances on mustudent Financial Service in balances not paid by formation may be exchalated for the protecting the protecting the service of the protecting the protection and that It is my responsible to the protection of the protection and the protection of the protection and the protection of the protection of the protection and the protection of the prot | ces permissic<br>further under<br>may be responditive to know<br>any account we revices will ge<br>the due date<br>the due date<br>the due date to continuity of<br>the release of   | rstand and agree that onsible for any unpaid what coverage I have ith Student Financial nerate a "hold" being assigned by Student Ily among health care care purposes. UHS sensitive information  |
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| health insurance carried UHS may not be a combalance, or services not under my individual poservices. I am aware placed on my registratis Financial Services.  2. RELEASE OF INFORI providers of University and UCC will follow standing the includes medical HIV/STD information.  I understand, I may or right to revoke this author this does not author this understand.   | owledge by signer for the purpontracted provide of covered by man. I give UH that any unpair on and that I man. I man and that I man and that I man and that I man and federal al, psychiatric, of the out (decline) thorization, exception or to release or right to revoke and above. I under the purpose of the | ning this document se of payment for er with my individually insurance plan. Its permission to plate and balance on my lay be assessed settles (UHS) and University and University and I laws, including Hept to the extent act of medical or mentally this authorization derstand that if I reserved.  | at that I give I services I hat all health install I understand lace these account with ervice fees of the ervice of the erv | University Health Service ve received at UHS. It urance plan and that It is did that it is my responsibly unpaid balances on mostudent Financial Sent balances not paid by formation may be exchalated and the seling Center (UCC) for PA, when protecting the sincluding drug and a confinity of information at any ady been taken by UH and copies, which requires, except for cases whathorization, I must do   | ces permission further under may be responditly to know any account working account working with the due date anged verbate anged verbate recontinuity of the release of alcohol abuse time. I unde S and/or UCC es a separate ere information so in writing | rstand and agree that onsible for any unpaid what coverage I have ith Student Financial nerate a "hold" being assigned by Student III III among health care care purposes. UHS sensitive information or addiction data, or rstand that I have the C. I further understand written authorization on has already been by completing a new |