University of North Georgia AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Student Health Services - Dahlonega 110 South Chestatee Street STE, 100 Dahlonega, GA 30533

Phone: 706-864-1948, Fax: 706-864-1448

Email: immunizations@ung.edu

Student Health Services - Gainesville 3820 Mundy Mill Road Oakwood, GA 30566 Phone: 696-2676, Fax: 678-696-2686 Email: immunizations@ung.edu

The undersigned hereby authorizes UNG Student Health Services to use or disclose copies of certain medical record information as specified below:

| | DATE | PHONE NUMBER_ | | _ STUDENT ID # |
|--|--|--|--|---|
| | MATION AUTHO NTIRE MEDICA | DRIZED FOR USE OR DISC AL RECORD | | ORY & PHYSICAL |
| NFORMA ⁻ | TION: | | | |
| | | | | |
| x | used, or disclose provided in the N the date of signal | d in response to this authorizati otice of Privacy Practices. Unle ture or upon occurrence of the f ties listed above, their agents ar | ion. I may revoke t ess revoked, the au following event: | cation will not apply to information already obtain this document by presenting my written revocat utomatic expiration date will be six (6) months from any liability in connection with the use or disc |
| Х | Information used | or disclosed pursuant to this au | ıthorization may b | e subject to redisclosure by the recipient and n |
| x x | Information used longer protected THE INFORMAT COMMUNICABL DISEASES SUC | or disclosed pursuant to this auby the Privacy Rule. ION AUTHORIZED FOR USE (E OR SEXUALLY TRANSMITT | OR DISCLOSURE ED DISEASE, WH GONORRHEA, OR | E MAY INDICATE THE PRESENCE OF A HICH MAY INCLUDE, BUT IS NOT LIMITED TO R THE HUMAN IMMUNODEFICIENCY VIRUS, |
| x x With this informat | Information used longer protected THE INFORMAT COMMUNICABL DISEASES SUCKNOWN AS ACCES knowledge, I gation concerning | or disclosed pursuant to this auby the Privacy Rule. ION AUTHORIZED FOR USE OF OR SEXUALLY TRANSMITT H AS HEPATITIS, SYPHILIS, GOUIRED IMMUNE DEFICIENCY | OR DISCLOSURE TED DISEASE, WH GONORRHEA, OR Y SYNDROME (AI Telease of all info | E MAY INDICATE THE PRESENCE OF A HICH MAY INCLUDE, BUT IS NOT LIMITED TO REPORT THE HUMAN IMMUNODEFICIENCY VIRUS, IDS)(Initial) Ormation in my medical records, including a Georgia, agents, and employees, from any |
| x x With this informat | Information used longer protected THE INFORMAT COMMUNICABL DISEASES SUCKNOWN AS ACCES knowledge, I gation concerning | or disclosed pursuant to this auby the Privacy Rule. ION AUTHORIZED FOR USE (E.OR SEXUALLY TRANSMITT HAS HEPATITIS, SYPHILIS, GOUIRED IMMUNE DEFICIENCY give my authorization to the release University, and release University. | OR DISCLOSURE ED DISEASE, WH GONORRHEA, OR Y SYNDROME (AI release of all info versity of North (tion contained th | E MAY INDICATE THE PRESENCE OF A HICH MAY INCLUDE, BUT IS NOT LIMITED TO REPORT THE HUMAN IMMUNODEFICIENCY VIRUS, IDS)(Initial) Ormation in my medical records, including a Georgia, agents, and employees, from any |
| x x With this informat liability i | Information used longer protected THE INFORMAT COMMUNICABL DISEASES SUCKNOWN AS ACCES knowledge, I gation concerning | or disclosed pursuant to this auby the Privacy Rule. ION AUTHORIZED FOR USE OF OR SEXUALLY TRANSMITT HAS HEPATITIS, SYPHILIS, GOUIRED IMMUNE DEFICIENCY give my authorization to the representation of the release of the information in the releas | OR DISCLOSURE ED DISEASE, WH GONORRHEA, OR Y SYNDROME (AI release of all info versity of North (tion contained th | E MAY INDICATE THE PRESENCE OF A HICH MAY INCLUDE, BUT IS NOT LIMITED TO R THE HUMAN IMMUNODEFICIENCY VIRUS, IDS)(Initial) Drimation in my medical records, including a Georgia, agents, and employees, from any merein. |