

Instructions for Completing the NC State Authorization to Release Protected Health Information (PHI)

Patient Name: Provide your first and last name. Please include any name you may have used while a student at NC State

Date of Birth: Provide your date of birth including mm/dd/year

ID Number: Provide your Unity ID number if you are a current student

Phone Number: Provide a phone number should we need to contact you

Identify if you are a current student and enrollment years or a former student and enrollment years

To authorize your health records be sent TO Student Health Services: If yes, check the box “I hereby authorize _____ to disclose my health information to Student Health Services “and identify whom you authorize to release your records to us. Please note: There is a provided fax number for Student Health Services to receive your records. **OR**

To authorize Student Health Services to disclose your health information to you or a designated third party

If yes, check the box “I hereby authorize Student Health Services to disclose my health information to the following organizations or persons”. Provide the name/organization that is to receive your records and include the address, city, state and zip code. **If you would like the records for yourself, enter your name.** Include:

- Phone number of the recipient so we may contact them if needed
- The fax number when asking for records to be faxed.
- Email address when asking for records to be emailed

How would you like your records to be released? Your options for releasing records are:

- Release to your Healthy Pack Portal (current students only - allows you to download records)
- Mail (records will be sent by US or certified mail)
- Fax (records may be faxed when needed for patient care such as Emergency Departments, Urgent Care Facilities, Physician offices)
- Email (records will be sent via email)
- In person Pick-Up (you are required to bring identification with you)

Purpose of the Requested Disclosure: Check the box - At the request of the individual and place your initials.

Information you wish to have disclosed: Initial each line next to the specific reports you are authorizing for release; Report types are identified on the authorization form. You can request individual reports or the entire medical record. You can request all treatment dates (ALL) or you can request specific treatment dates. You may provide treatment dates as either month/year or just year.

If you DO NOT authorize Student Health to disclose information relating to sexually transmitted diseases, AIDS, HIV, Alcohol/Drug Abuse, Behavioral/Mental Health, check the appropriate boxes.

Signature: Signature of patient or personal representative of patient is required

Date: Provide mm/dd/year you signed the Authorization form . Forms will be returned if there is no date

The Authorization is set to expire in one year from date of signature unless otherwise specified within the authorization form in the space provided.

The Health Information Management Department is located at:

NC State University
Student Health Services
2815 Cates Avenue
Raleigh, North Carolina 27695

Telephone Number to contact Health Information Management
919-515-7107

Hours of Operation

You may contact us Monday, Wednesday, Thursday and Friday from 8:00 a.m. - 5:00 p.m and from 9:00 a.m. - 5:00 p.m. on Tuesday.

How to Submit the Completed Authorization Form to Health Information Management - Student Health

The top section of the Authorization Form provides options for submission of the completed form. This includes mailing, fax, email and in-person drop off. Provide a copy of photo identification.