



634 Eddy Ave.
Missoula, MT 59812
Phone: 406-243-2122

Medical Records Fax: 406-243-6949

AUTHORIZATION FOR THE RELEASE of HEALTH INFORMATION

Name: _____ UM ID: _____
Date of Birth: _____ Phone: _____
Address: _____ Email: _____

I authorize the Curry Health Center at the University of Montana to:

- Two-way communication
- Release my protected information to the following location:

Agency Name: Athletic Dept Center
Address: 32 Campus Dr Missoula MT 59802
Fax: 406-243-5981

Purpose of the Disclosure (Check the appropriate box)

- Continuity/Continuation of Care
- Insurance
- Other _____

Type of Information to be Received/Released-Other Request or Limitation

- Medical Records to include x-ray and laboratory
- Psychiatric/Psychological Diagnostic Reports (i.e. ADHD, Learning Disability, Mental Health, etc.)
- Counseling Summary (dates, provider, diagnosis, course of treatment)
- Other request or limitation (specify)- ATC related notes

If one of the above facilities is requesting that this authorization be completed, an individual has the right not to sign with the understanding that an individual's health care and the payment for health care will not be affected. I understand that this authorization may be revoked by me at any time, provided that I do so in writing and submit it to the Health Records Department, up to the extent that the disclosure has not already been made prior to revocation. I also understand that my protected health information may be re-disclosed by the recipient and no longer protected under federal law. Authorization will expire in 12 months unless otherwise specified. Expiration Date: _____

Student Signature OR Legal Representative/Guardian (typed): _____ Date

Relationship to patient: _____

Legal representative/guardian must present legal documentation and description of person's authority.

*This information has been disclosed to you from confidential records, which may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42CFR, Part 2) prohibits you from making any further disclosure of the information unless disclosure is expressly written by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.