

**THE UNIVERSITY OF KANSAS MEDICAL CENTER**  
**Student Health Services**

**Consent for Release of Confidential Information**

I, \_\_\_\_\_, born on \_\_\_\_\_, hereby authorize:

Name: **KUMC STUDENT HEALTH SERVICES** Phone: 913-588-1941 Fax: 913-588-1943

To disclose the following information (check all that apply):

- Immunization information
- Pap/Annual Results
- Lab Work (specific dates if applicable) \_\_\_\_\_
- All records
- Other: \_\_\_\_\_

To the following: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I understand that certain records \* are protected by Federal and / or State laws which prohibit the release of such records. Student Health Services will comply with such laws.

By signing this consent on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I agree with all the provisions stated in this consent for the release of information. I also understand that I may revoke this consent at any time and regardless, this consent expires one year from the above written date.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Student

**Prohibition on redisclosure:** This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal Regulations state that any person who violates any provision of this law shall be fined not more than \$500, in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense.

- Drug Abuse Office and Treatment Act of 1972 (21USC 1175) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (42 USC 4582).