

1800 Volunteer Boulevard, Knoxville, Tn. 37996
Phone: 865-974-5932 Fax: 865-974-5935

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize UT STUDENT HEALTH CENTER PHARMACY AND KEYSTONE PHARMACY SERVICES to release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates:

All healthcare information

Only prescription medications and the conditions they are used to treat

Definition: HIPPA protects an individual's health information and his/her demographic information. This is called "protected health information" or "PHI". Information meets the definition of PHI if, even without a patient's name, you can look at certain information and tell who the person is, it is PHI. The PHI can relate to past, present or future physical or mental health of the individual. PHI may describe a disease, diagnosis, procedure, prognosis or condition of the individual and can exist in any medium- files, voice mail, email, fax or verbal communications.

HIPPA defines information as PHI if it contains any of the following information about the patient, the patient's household members, or the patient's employers:

- Names
- Dates relating to a patient
- Telephone numbers
- Addresses
- Social security numbers
- Medical record numbers
- Photographs
- Any other unique identifying number

Yes No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: _____ Date Signed: _____

Patient Phone # : () _____

THIS AUTHORIZATION REMAINS IN EFFECT UNTIL FURTHER NOTIFICATION BY PATIENT