

**JAMES MADISON UNIVERSITY  
HEALTH CENTER**

MSC 7901  
HARRISONBURG, VA 22807  
www.jmu.edu/healthcenter

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**CONSENT REQUEST FOR THE RELEASE OF HEALTH INFORMATION**

**INSTRUCTIONS:** The patient must complete this form in its entirety in order for any health information records to be released **from** the University Health Center. Careful consideration of documentation and information should be realized in releasing health information files. This information is for use by the recipient named only. This is according to the Family Education Rights and Privacy Act of 1974 which is a Federal law that protects the privacy of student education records.

**This information cannot be given to any other individual or agency without the patient's consent.**

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ Student ID#: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

I authorize JMU HEALTH CENTER to release my health information records, which consist of the following: (Name of Individual or Agency)

CHECK ONE

- \_\_\_\_\_ Immunizations, including immunization records from other providers (**No Charge**)
- \_\_\_\_\_ Pre-Entrance Health Record to JMU (**No Charge**)
- \_\_\_\_\_ Complete Health Information Chart, including records from other providers (**\$10.00 charge**)
- \_\_\_\_\_ GYN (Pap, Pelvic, Lab) \_\_\_\_\_ (Date(s), if any)
- \_\_\_\_\_ Lab \_\_\_\_\_ (Date(s), if any)
- \_\_\_\_\_ Other / Relating to Particular Problem, please specify \_\_\_\_\_

to \_\_\_\_\_ (Name of individual or agency) \_\_\_\_\_ (Telephone) \_\_\_\_\_ (Fax)

\_\_\_\_\_ Address

\_\_\_\_\_ (Date) \_\_\_\_\_ (Patient's Signature)

**\*\* UHC can only fax Immunizations and the Pre-Entrance Health Record; all other requests will be mailed.**

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_ Pages: \_\_\_\_\_ Faxed \_\_\_\_\_  
Mailed \_\_\_\_\_ Pick-up \_\_\_\_\_

James Madison University  
**UNIVERSITY HEALTH CENTER**

Policy & Procedures of Health Information

1. The University Health Center holds confidentiality of health information in the highest regard. The UHC will release health information about a student only if the department receives a completed, signed **Health Information Release Form**. A consent form from another source, which contains identical information, will be accepted.
2. The University Health Center **requires** that all requests for the release of health information be made in writing. The reply to the requested health information will be made within 10 business days after receiving a completed "Consent for the Release of Health Information Form". A copy of this reply will be placed in the student's medical record. The UHC will not respond to requests for health information made over the telephone or via the Internet. All requests must comply with a completed **Health Information Release Form**.
3. **All GYN, lab reports and requests for the entire Health Information Chart will be mailed or you may pick it up in person. These requests will not be faxed.** An exception to this will be if the UHC staff member is certain that the person telephoning or via email is engaged in the further treatment of a UHC patient and if the patient has given his/her consent for the release of health information. Another exception will be in connection with a health or safety emergency. For example, we may disclose your health information to prevent or lessen a serious and eminent threat to the health and safety of another person or the public. A \$10.00 fee will be incurred for the request of the entire Health Information Chart. Payment must be paid in advance before the requested information will be released.
4. The UHC will release relevant information or records if the University or a staff member is served with a subpoena for the release of this information. In such cases, the UHC Health Information Manager will process the request in a timely, efficient manner.
5. The student has the right to view his/her health information record and to obtain copies of that record. A student must always review his or her health record in the presence of a UHC clinician/physician by making an appointment with the medical professional who has been treating them. The professional staff member must have a Health Information Release form completed and signed for any copies of the health record that the student obtains copies of.
6. If a student needs us to provide information about a specific medical problem to a physician at another location, we will do so upon receiving a completed, signed Health Information Release Form.
7. The UHC retains Health Information Records for ten (10) years after the date of the student's last enrollment at JMU.