RICHARD BLAND COLLEGE
HEALTH & WELLNESS CLINIC
11301 Johnson Road
Petersburg, VA 23805
Phone 804-862-6225 Fax 804-862-6490

Authorization to Release Copies of Medical Records

Your Rights to Medical Information Confidentiality

HIPAA is an acronym that stands for Health Insurance Portability and Accountability Act that was made into law in 1996. By law, if you are 18 years or older, you have the right to strict confidentiality regarding your visits to Health & Wellness Clinic. In order to release any information including the date or nature of your visit, Health & Wellness Clinic has to have your signed consent and specific directions about what information you are consenting to be released. Without written consent, Health & Wellness Clinic cannot release or discuss any information relating to your visit with anyone including your parents, guardians, spouse, faculty, staff, coach and other medical professionals.

In addition you have the right to revoke this authorization at any time, and will be effective when Health & Wellness Clinic receives your written revocation. A copy of this authorization will be kept in your Health & Wellness Clinic health record. The information disclosed under this authorization might be redisclosed by a recipient and may, as a result of this disclosure, no longer be protected to the same extent as this information was protected by law while solely in the possession of Health & Wellness Clinic.

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My signature serves as authorization to release my protected health information and I acknowledge that I have read and understand my right to medical information confidentiality. I authorize Health & Wellness Clinic to:

Release a copy of:

( ) My entire medical record **or**
( ) Portions specific to the following information:

_____

Please send copies to:

_____
Name of Health Care Provider or Health Care Facility

_____
Street Address City State ZIP

_____
Phone FAX

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_____ _____ _____
Signature Date Date Authorization Expires

_____ _____
Health & Wellness Clinic Staff Date