



**RICHARD BLAND COLLEGE
HEALTH & WELLNESS CLINIC**

11301 Johnson Road
Petersburg, VA 23805
Phone 804-862-6225 Fax 804-862-6490

Authorization to Share Medical Information

Your Right 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 Center 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.

Patient's Name (Please Print) _____

Date of Birth: _____/_____/_____

In signing this authorization to release my protected health information I acknowledge that I have read and understand my rights to medical information confidentiality and authorize Health and Wellness Clinic to discuss health issues regarding:

With the following listed individuals only:

_____ Relationship
_____ Relationship

Date Authorization Expires

Signature

Date

Health & Wellness Clinic Staff

Date

Richard Bland College
06:2008

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