



MEDICAL RECORDS RELEASE

Authorization for the Use and Disclosure of Protected Health Information

Client's Name (please print): _____ Date of Birth: _____
FHSU Tiger ID #: _____ Phone Number: _____
Current Address: _____

I authorize communication to occur, and/or records to be released, regarding the following content (check all that apply):

- Most recent progress note or physical [] Medication list [] Most recent PAP results [] All treatment records related to: _____
Diagnostic test results [] Immunization record [] Entire medical record [] Include: HIV/STD results [] Drug and alcohol-related records []

I understand that this information will be used for the purpose of (mark all that apply):

For treatment, payment, or health care operations [] Other (specify): _____

Information release/exchange can take place ONLY between the following:

To: [] From: [] To: [] From: []
Medical Services Name: _____
Health and Wellness Services Title: _____
Fort Hays State University Agency: _____
600 Park Street Mailing Address: _____
Hays, KS 67601 City: _____ State: _____ Zip: _____
(785) 628-4401 (Phone) Phone Number: _____
1-888-727-2673 (Fax) Fax Number: _____

I understand that I may revoke my consent at any time except for information that already has been sent. My authorization for the continuation of the professional relationship between the above-stated parties will expire one year from date of signing if I do not revoke it sooner (initial only one if it applies):

Upon receipt of information: _____ 30 days after termination of services: _____
When treatment is concluded: _____ 30 days after the date listed below: _____

I understand the information obtained will not be transmitted to another party without my specific written consent or as otherwise permitted by Federal regulations and Kansas Statutes.

Signature of Client: _____ Date: _____
Signature of Parent/Legal Guardian (if appropriate): _____ Date: _____

Notice to whomever records are disclosed:
These records are protected by Federal Regulations and Kansas Statutes. Any further disclosure of this information is prohibited.
Rev. 01/31/24