Health Services
MONROE COMMUNITY COLLEGE

Authorization
Release of Medical Information

Student's Name: _____ Date of Birth: _____

MCC 00 #: _____ Patient's phone: _____

Address: _____

City/State/Zip Code: _____

Date of Request: _____ Date Needed: _____

I Authorize MCC Health Services to

◯ Release Information to ◯ Obtain Information from:

Name of Provider or Facility: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Fax (include area code): _____

Purpose of This Request

◯ Healthcare ◯ Insurance Coverage ◯ Transfer of Care ◯ Other: _____

Type of Records Requested

☐ Immunization History ☐ Vaccines Given by HS only ☐ Include records submitted to HS

☐ All medical records related to a specific illness/injury (include dates): _____

☐ Treatment summary: includes history/physical, lab tests & x-ray reports, operative reports, pathology

☐ Other specific information: _____

Authorization Valid for

◯ This request only.

◯ One year from the date of this authorization or **until**: _____

◯ Records of the treatment received on or prior to the date of this authorization.

◯ This request *and* for records of any *future* treatment of the type described above until: _____

I Understand That

- My right to healthcare treatment is not conditioned on this authorization.
- I may cancel this authorization at any time by submitting a written request to the address provided above, except where a disclosure has already been made in reliance on my prior authorization.
- If the person or facility receiving this information is not a health care or medical insurance provider covered by privacy regulations, the information stated above could be re-disclosed.
- Release of HIV-related information, mental health related care, or substance abuse diagnosis and treatment information requires a separate authorization.
- There may be a charge for the requested records.

Signature of Patient or Representative: _____ Date: _____

Relationship to Patient (if requester is not the patient): _____

MCC Health Services, 1000 East Henrietta Rd, 3-165, Rochester, NY 14623-5780
Phone: (585) 292-2018 Fax: (585) 292-3856 Updated 5/2019