

**CALIFORNIA INSTITUTE OF TECHNOLOGY
STUDENT HEALTH CENTER
CONSENT AND AUTHORIZATION**

1239 Arden Rd., Mail Code 1-8
Pasadena, CA 91125
(626) 395-6393
Fax (626) 585-1522

I, _____ (Name of Student) am requesting and hereby consent and authorize the California Institute of Technology Student Health Center to:

_____ (*initial here*) use and disclose the following personal health information: verbal and/or written treatment information and/or medical records maintained by the Student Health Center,

_____ (*initial here*) receive the following personal health information: verbal and/or written treatment information and/or medical records maintained by those person(s)/institutions. I have authorized the person(s)/institutions named above to disclose my personal health information to the Student Health Center.

To the following person(s)/institutions:

_____ phone _____
_____ phone _____
_____ phone _____
_____ phone _____

The personal health information will be used for the purpose(s) of:

- ___ Academic Accommodation
- ___ Determining Academic Status/Leave of Absence
- ___ Treatment and/or Evaluation
- ___ Facilitation of Referral
- ___ Other (please specify): _____

To be limited as follows (*please specify limitations, if any*):

I understand and agree that:

- I can revoke this Consent and Authorization at any time by giving written notice to the Student Health Center.
- My revocation is not effective as to disclosures already made and actions already taken in reliance upon this Consent and Authorization.
- A photocopy or facsimile of this Consent and Authorization is valid as the original.
- This Consent and Authorization will remain in effect for five (5) years from the date signed, unless another expiration date is specified here _____ (*fill in different expiration date, if any*).
- I understand that I am entitled to receive a copy of this Consent and Authorization.

BY SIGNING THIS FORM, I AM AUTHORIZING THE USE AND DISCLOSURE OF MY PERSONAL HEALTH INFORMATION UNDER THE TERMS STATED ABOVE.

Signature of Student
(or Student Representative, if applicable)

Date

Client Address

Client Date of Birth