UCF ✦ Health
College of Medicine Practice

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION TO UCF HEALTH

9975 Tavistock Lakes Blvd, FL 32827
Main: (407) 266-4900
Fax: (407) 266-4910

Patient's Name: _____ Date of Birth: ___/___/_____
Previous Name: _____ Last 4 of SSN: _____

I Request and Authorize:
Provider:_____
City & State: _____Phone:_____Fax: _____

to release Health Care information of the patient named above to:
UCF Health, 9975 Tavistock Lakes Blvd., Orlando, FL 32827
Attn: Dr._____
Phone: (407) 266-4900 **Fax: (407) 266-4910**

The purpose of this request: ❑ For health care treatment ❑Other _____

This Request and Authorization applies to:
❑ All Healthcare information (**including** STD* [example, HIV/AIDS testing results, whether negative or positive], drug, alcohol, TB or mental health) for all dates of service.
❑ All Healthcare information (**except** STD*, drug, alcohol, TB or mental health) for all dates of service.
❑ Healthcare information relating to the following treatment, condition, or dates:
_____
❑ Colonoscopy ❑ Mammogram ❑ Pap Smear ❑ Immunization Records
❑ Other: _____

This Authorization is effective and shall be valid for one (1) year unless expressly revoked by me in writing. However, I understand that any such revocation shall have no effect on disclosures made previously.

_____ _____/_____/_____
Signature of Patient or Patient's Authorized Representative — Date

If you are signing as the Patient's Representative, please print your name and describe your relationship to patient or specify other authority to act. Please provide copy of appropriate documentation, and the reason the patient is unable to sign:

_____ _____
Name — Relationship to Patient

_____
Reason Patient Unable to Sign

***** Sexually Transmitted Disease (STD) includes herpes, genital herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, nongonococcal urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereum, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), granuloma inguinale, pelvic inflammatory disease/acute salpingitis, hepatitis A, hepatitis B, hepatitis C and gonorrhea.

11/29/11 Rev. 11/10/15