

3400 Quadrangle Blvd Orlando, FL 32817-1492  
Main: (407)266-3627  
Fax: (407)882-4751

## AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION TO UCF HEALTH

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, 3400 Quadrangle Blvd., Orlando, FL 32817  
Attn: Dr. \_\_\_\_\_  
Phone: (407)266-3627 Fax: (407)882-4751

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.