Brandeis University Health Center
415 South Street MS 034 Waltham, MA 02454
Phone: 781-736-3677 **FAX:** 781-736-3675

HIPAA AUTHORIZATION FOR THE RELEASE OF PATIENT INFORMATION AND MEDICAL RECORDS

Name: _____
Please include previous name is applicable

Address: _____
Number and Street Address

_____ Date of Birth: _____
City State zip code

Phone: ( )_____ Are you a current Brandeis Student? Yes ☐ No ☐

* If no, indicate which year(s) you attend Brandeis (e.g. 2012-2016) _____

Verbal/Phone Communication Authorization

I authorize Brandeis University Health Center to VERBALLY discuss the following medical information about me.

Check all that apply:

☐ Scheduling/appointment information
☐ Medical information including my symptoms, diagnosis, medication, and treatment plan
☐ Lab reports/ test results
☐ Immunization status, vaccine record (includes Titers, TBtesting, CXR, results, if applicable)
☐ Billing and payment information
☐ Other (please specify) _____

*** Verbal Communication between Brandeis Health Center and:**

Print Full Name:_____

Relationship:_____

Contact phone #: (____)_____

This authorization will be valid until the termination of treatment, indicated expiration date _____ or if authorization to revoke is requested by the student/patient.

Medical Record Release

I authorize Brandeis University Health Center to release the following Medical information:

Check all that apply

☐ Complete Medical Record
☐ Last visit medical information including my symptoms, diagnosis, medication, and treatment plan.Date of visit _____
☐ Immunization Record, vaccine record (includes Titers, TBtesting, CXR, results, if applicable)
☐ Lab reports/test results
☐ Other (please specify) _____

*** Please send requested information to:** ☐ Me ☐ Other

Name: _____

Address: _____

_____
City State Zip Code

Phone ( )_____ Fax ( )_____

Send information via: ☐ Mail ☐ Fax . ☐ Pick up from Brandeis Health Center

_____ Date: _____
Student/Patient Signature REQUIRED

This authorization can be revoked at any time by the student/patient by contacting the Health Center 781-736-3677 or by email brandeishealthcenter@brandeis.edu

Last updated: 2/19/2025