Receiving Medical Records at MTSU
Student Health Services

MTSU Box 237
Murfreesboro, TN 37132
o: 615-898-2988 • f: 615-494-8866

Receive Medical Records From:

Name/Organization: _____

_____

Address: _____

City: _____ State: ____ Zip_____

Phone: _____ Fax:_____

Patient Information

Name: _____

M# _____

DOB: _____

Phone: _____

I, _____, hereby authorize the release of the following information to MTSU Student Health Services, Middle Tennessee State University, Murfreesboro, Tennessee. Fax number 615-494-8866.

- ☐ Initial Evaluation
- ☐ Progress Notes
- ☐ Consultation Reports
- ☐ Discharge/Treatment Summary
- ☐ TB Skin Test
- ☐ Allergy Shot Information
- ☐ Entire Medical Record
- ☐ History and Physical
- ☐ ADHD Diagnostic Records/ Neuropsychological Testing
- ☐ Imaging Results
- ☐ Immunization Records
- ☐ Women's Health Notes
- ☐ Laboratory Reports
- ☐ Other: _____

- I further authorize you to discuss the above noted information with _____ at MTSU Student Health Services.
- I understand that my information may be redisclosed by the authorized person/organization receiving the information, and at that point, the information may no longer be protected under the terms of this agreement.
- I understand that treatment, payment, enrollment, or eligibility in a health plan or eligibility for benefits is NOT dependent on my signing this authorization.
- I understand that refusing to sign this may result in the doctor declining to provide health care, which is for the sole purpose of creating protected health information for disclosure to a third party.
  Patient Initials ____
- By signing below, I acknowledge that I have read and understand this document, that I have voluntarily given my authorization to the Student Health Services to disclose my records, and that I may revoke this authorization in writing at any time. This consent form will expire one (1) year following the date signed or upon my request.

Signature: _____ Date: _____

* The above authorization is given on this patient's behalf because the patient is a minor or is unable to sign because:

_____

Signature: _____ Date: _____

*Signature of Closest Relative or Legal Guardian (state relationship)

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