

**JAMES MADISON UNIVERSITY
HEALTH CENTER**

724 S. Mason St, MSC 7901
HARRISONBURG, VA 22807
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CONSENT FOR THE RELEASE OF HEALTH INFORMATION

INSTRUCTIONS: The patient must complete this form in its entirety in order for any health information records to be released **from** the University Health Center. This information is for use by the recipient named only. This is according to the Family Education Rights and Privacy Act of 1974 which is a Federal law that protects the privacy of student education records.

This information cannot be given to any other individual or agency without the patient's consent.

DATE: _____

STUDENT NAME: _____ Student ID#: _____

CURRENT ADDRESS: _____

PHONE #: _____ BIRTHDATE: _____

I authorize THE **JMU HEALTH CENTER** to release my health information records, which consist of the following:

CHECK ALL THAT APPLY

_____ Immunizations, including immunization records from other providers (**No Charge**)
_____ **May be emailed upon request** (note this is NOT considered "secure")**

_____ Pre-Entrance Health Record to JMU (**No Charge**)

_____ Complete Health Information Chart, including records from other providers (**\$10.00 charge**)

_____ GYN (Pap, Pelvic, Lab) _____ (Date(s), if any)

_____ Lab _____ (Date(s), if any)

_____ Other / Relating to Particular Problem, please specify _____

to _____ (Name of individual or agency) _____ (Telephone) _____ (Fax)

_____ Address/Email for immunizations **ONLY**

_____ (Date) _____ (Patient's Signature – acknowledges that email is NOT considered secure for transmitting private information and accepts the risks)

**** UHC will only fax Immunizations and the Pre-Entrance Health Record; all other requests will be mailed.**

Processed By: _____ Date: _____ Pages: _____ Faxed _____
Mailed _____ Pick-up _____ Emailed _____

James Madison University
UNIVERSITY HEALTH CENTER

Policy & Procedures of Health Information

1. The University Health Center (UHC) holds confidentiality of health information in the highest regard. The UHC will release health information about a student only upon receipt of a completed and signed **Health Information Release Form**. A consent form from another source, which contains identical information, will be accepted.
2. The UHC **requires** that all requests for the release of health information by students not currently enrolled be submitted in writing. The reply to the request for health information will occur within 10 business days after receiving a completed “Consent for the Release of Health Information Form”. A copy of this reply will be entered into the student’s medical record. The UHC will not respond to requests for health information made over the telephone or via the Internet. All requests must include a completed **Health Information Release Form**.
3. **All GYN, lab reports and requests for the entire Health Information Chart will be mailed or may be picked up in person. These documents will NOT be faxed except for rare exceptions.** One exception would be if the UHC receives a valid request by telephone or email from a medical office that is engaged in the current treatment of a JMU student **AND** the student has given consent for the release of health information. Another exception involves release of pertinent health information if there is a reasonable concern about an imminent threat to the health and safety of another person or the public. A \$10.00 fee will be incurred for the request of the entire Health Information Chart. Advanced payment is required before the requested information will be released.
4. The UHC will release relevant records if the University or a staff member is served with a subpoena for the release of this information. In such cases, the UHC Health Information Manager will process the request in a timely, efficient manner.
5. Immunizations may be emailed via a **non-secure email** to the requesting party **ONLY**. The Health Center email is not a secure email. As such, any immunizations sent via email could be at risk for exposing health information.
6. The UHC will release all pertinent medical records to other health care providers involved in the care of a student. The student will need to provide the UHC with a completed and signed **Health Information Release Form**.
7. When a student is referred to a medical provider for referral or consultation, the UHC will provide all pertinent medical records to the health care provider(s) involved in the continued care of a student. This does NOT require a completed and signed **Health Information Release Form**.
8. The UHC retains Health Information Records for ten (10) years after the date of the student’s last enrollment at JMU.