Pittsburg State University Student Health Services
1701 South Broadway Pittsburg, Kansas 66762
620-235-4452

Permission to Disclose Information to those involved in my Care

I hereby authorize PSU Student Health Services to disclose the following Protected Health information <u>with me</u> over the phone about my medical care. *(This form does not apply to University Counseling Services)*:

- ☐ Appointment times and dates
- ☐ Test results
- ☐ Tests that have been received
- ☐ Other Health Information

☐ Home Telephone _____ Leave Message? ☐ Yes ☐ No

☐ Cellular Phone _____ Leave Message? ☐ Yes ☐ No

I also give permission for you to discuss the marked information with the following persons because they are also involved with my health care or payment. I understand that the individuals listed below will not be contacted by the Bryant Student Health Center without my permission except in the case of a medical emergency. If I give permission by listing individuals below, my information may be released to these individuals if they contact the Bryant Student Health Center. *(You may leave this section blank if you do not want us to share information with anyone.)*:

Information to be Shared:
- ☐ Appointment times and dates
- ☐ Tests that have been received
- ☐ Test Results
- ☐ Other Health Information
- ☐ Billing and payment information

Exceptions:
- ☐ Sexual Health
- ☐ STD Testing
- ☐ HIV Testing
- ☐ Contraceptives
- ☐ Other _____

Name/Names: _____ Relationship: ☐ Parent ☐ Child/Children ☐ Spouse ☐ Other _____

Home Telephone _____

Cellular Phone _____ Work Phone _____

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- ☐ Appointment times and dates
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Name/Names: _____ Relationship: ☐ Parent ☐ Child/Children ☐ Spouse ☐ Other _____

Home Telephone _____

Cellular Phone _____ Work Phone _____

_____ _____
Print Patient Name Student ID #

_____ _____
Patient Signature Date