UNION UNIVERSITY
HEALTH SERVICES
1050 Union University Drive, Jackson, TN 38035
Phone: (731) 661-5284 Fax: (731) 661-5499

Chris Lewis, M.D.
Brittany Hart, FNP
Cathy Ammerman, FNP
Jennifer Chicantek, Clinic Assistant

# AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Last 4 of SSN: _____

Student ID# _____ Cell Phone# _____

I request and authorize Union University Student Health to release healthcare information of the above-named patient to:

Name: _____

Address: _____

_____

Phone: _____ Fax: _____

Email: _____

☐ Check here if releasing to patient.

This request and authorization applies to:

_____ Healthcare information relating to the following treatment, condition, or dates: _____

_____

_____ Immunization record: _____

_____ All Healthcare Information

_____ Other

I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

_____ Yes _____ No

*There is no charge for the first request of health records. There will be a printing and processing fee of $35 for each additional request(s).*

Patient Signature: _____ Date: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED