



**Longwood University Health Center**  
**106 Midtown Ave, Farmville, VA 23901**  
**Phone 434-395-2102 Fax 434-395-2783**

**AUTHORIZATION FOR RELEASE OF INFORMATION-----PER INCIDENT (This is not a blanket release)**

Date: \_\_\_\_\_

This is to certify that I, \_\_\_\_\_, ID# \_\_\_\_\_

grant permission to \_\_\_\_\_ to release the information noted below from my medical records to:

\_\_\_\_\_ Medical provider \_\_\_\_\_

\_\_\_\_\_ Parent/guardian

\_\_\_\_\_ Myself

\_\_\_\_\_ Other \_\_\_\_\_

**Recipient:** Name \_\_\_\_\_

Address \_\_\_\_\_

**Information to be released:**

\_\_\_\_\_ All medical records to include all chart entries, diagnoses, test results, and reports

\_\_\_\_\_ All medical records except \_\_\_\_\_

\_\_\_\_\_ All records related to visits on the following dates \_\_\_\_\_

\_\_\_\_\_ All records related to the following diagnosis/symptoms \_\_\_\_\_

\_\_\_\_\_ Immunization Record

\_\_\_\_\_ Progress notes and diagnoses only \_\_\_\_\_ Test Results Only \_\_\_\_\_ Diagnosis only

**YOUR RIGHTS TO MEDICAL INFORMATION CONFIDENTIALITY:** Under Virginia law, if you are 18 or older, you have the right to confidentiality regarding your visits to Longwood University Health Center (LUHC). In order to release any information including the date or nature of your visit, you must provide written and signed consent with specific directions about what information you are consenting to be released. Without written consent, LUHC cannot release or discuss any information relating to your visit with anyone including your parents, guardians, spouse, faculty, staff, coaches and other medical professionals.

**Signed:** \_\_\_\_\_ **Witness:** \_\_\_\_\_

**Office Use Only: Information Released** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Released to:** \_\_\_\_\_ **By:** \_\_\_\_\_