Eric Cohen Student Health Center of USC

Keck Medicine of USC

Phone # (323) 442-5631 ∞ Fax # (323) 442-6029
1510 San Pablo Street, Suite 104, Los Angeles, CA 90033

Legal Name (First, Last Middle)	Date of Birth (MM/DD/YY)
MR # (if applicable)	
USC ID # (For current students only)	Contact Information (Cell # and/or Email)

I hereby authorize the use and disclosure of my protected health information from my provider below To the Eric Cohen Student Health Center (ECSHC) of USC via fax or by mail at the address above.

From: Name of Provider or Healthcare Organization Releasing Information			
Street Address	City	State	Zip Code
Phone #			

The requested information is to be used for the following purpose: _____

Date(s) of service requested: _____

Information requested:

- ☐ Pertinent Information includes:

  Clinical Notes, X-ray, Lab EKG and Immunizations

- ☐ Immunization Records Only
- ☐ Other (please specify):_____

In compliance with California Statues which require special permission to release privileged information, please initial and check the box if any of these conditions are applicable.

☐ _____ HIV (Initial)

☐ _____ Drug/Alcohol Treatment/Evaluation (Initial)

This authorization is effective immediately and shall remain in effect until: ____/____/____ (date).
MM DD YY

I may revoke this request at any time. My cancellation will be effective when it has been received in writing by ECSHC and/or my provider. My revocation must be signed by me and delivered to the address or fax number of ECSHC and/or my provider provided on the next page.

Signature of Patient: _____ Date: _____

If signed by other than patient, please state relationship: _____

Witness: _____ Date: _____