

Additional Information Regarding Disclosure of Patient Medical Information

The Eric Cohen Student Health Center (ECSHC) honors a patient's right to confidentiality of medical information as provided under federal and state law. Please read the following guidelines before signing this authorization.

Revocation. You have the right to revoke this authorization, in writing, at any time before it ends. However, your written revocation will not affect any disclosures of your medical information that the person(s) and/or organization(s) listed on the reverse side of this form have already made, in reliance on this authorization, before the time you revoke it. In addition, if this authorization was obtained for the purpose of insurance coverage, your revocation may not be effective in certain circumstances where the insurer is contesting a claim. Your revocation must be made in writing and addressed to: The Eric Cohen Student Health Center of USC, 1510 San Pablo Street, Suite 104, Los Angeles, California 90033.

Re-Release. If the person(s) and/or organization(s) authorized by this form to receive your medical information are not health care providers or other people who are subject to federal health privacy laws, the medical information they receive may no longer be protected by federal confidentiality law. However, California law prohibits recipients of your health information from redisclosing your information except with your written authorization or as specifically required or permitted by law.

Right to Inspect. You have the right to inspect the medical information whose disclosure you are authorizing, with certain exceptions provided under state and federal law. If you would like to inspect your records, contact the ECSHC at (323) 442-5631 for further information.

Copying Fees. If you are requesting disclosure/release of medical information to other hospitals, clinics, or physicians for further medical care, no copy fees will be charged. You must pay for copies you request for other reasons.

Signatures. Generally, if you are 18 years of age or older, you are the only person who is permitted to sign a form to authorize the disclosure of your health record.