ABILENE CHRISTIAN UNIVERSITY MEDICAL & COUNSELING CARE CENTER
AUTHORIZATION FOR THE DISCLOSURE OF RECORDS

John H. Casada, M.D., Ph.D. or Sarah Ferguson, M.D. or Amanda Ramos, NP
ACU Box 28154 Abilene, Texas 79699 Phone: 325-674-2625 Fax: 325-674-6998

LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME

Banner ID#: _____ SSN: _____ Date of Birth: _____

Current Address: _____

Telephone #: _____ Are you currently enrolled at ACU? Y or N

Dates of attendance: _____ to _____ Date of Graduation (if applicable): _____
MONTH/YEAR MONTH/YEAR MONTH/YEAR

I AUTHORIZE AND REQUEST THE ACU MACCC TO ☐ PROVIDE TO ☐ RECEIVE FROM

Name: _____ Address: _____

City/State/Zip: _____ Phone: _____

Fax: _____

I understand that copies of this information may include the diagnosis/treatment of drug and/or alcohol abuse, Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV), or psychiatric disorders.

Patient Initials: _____

I understand that such disclosure will be made for the following purpose(s):

_____

And the disclosure shall be limited to the following specific types of information:

[ ] Intake/Social History
[ ] Psychiatric
[ ] Medical History
[ ] X-Ray and Labs
[ ] Psychological
[ ] Diagnosis
[ ] Treatment Plan
[ ] Discharge Summary
[ ] Staffing Summary
[ ] Progress Note

Other (Specify): _____

I understand that this consent is subject to revocation by the undersigned at any time, except to the extent that action has been taken in reliance on it. In any event, this consent shall expire one year from the original date signed.

Patient Signature: _____ Date: _____

Staff/Witness Signature: _____ Date: _____

If I am signing as parent of a minor child, I further understand that the information released may contain references to myself and to my family.

Legal Representative's Signature: _____ Date: _____

Relationship to patient: _____

A PHOTOCOPY OR FACSIMILE TRANSMISSION IS AS VALID AS THE ORIGINAL
Information used/disclosed by this authorization may be disclosed by the recipient and no longer protected by federal privacy regulations if the entity receiving the information is not a healthcare provider or health plan covered by those regulations.