AUTHORIZATION FOR INFORMATION RELEASE FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

HIV-related Information: Check here if this authorization is for HIV-related information. If so, in addit to completing this form, please complete a New York State Department of Health mandated Authorization the Release of Confidential HIV-Related Information.			
Patient Information			
		Date of Birth:	
Address:	Stata	Zip:	
City.	State	Zip	
Person(s) Authorized to	Disclose PHI:		
Name:			
Address:	G	7.	
City:	State: _	Zip:	
Audrey Hoover, Dire University Health Ca 1 Pace Plaza, 6 th Floo New York, NY 1003 Karen Martin, Associ University Health Ca Paton House, Ground 861 Bedford Avenue Pleasantville, NY 105	re r East 3 ate Director re Floor	Dr. Richard Shadick, Director Counseling Center 156 William Street, 8th Floor New York, NY 10038 Dr. Rosa Ament, Director Counseling Center Administration Center, 2nd Floor 861 Bedford Road Pleasantville, NY 10570	
Description of PHI to be			
Diagnosis	Summary of treat	tment	
Diagnostic code	Treatment recom	mendations	
Symptoms	Current clinical s	status	
Other (describe direct	ely balow)		

5. Reason for Disclosure : Please indicate the reason	for the disclosure of the above stated PHI:
Request for medical leave of absence from Pac	e University
Request to resume studies at Pace University at	fter a medical leave of absence
	expire upon the date a final decision is made with to respect s it is revoked earlier in a writing sent to Office of Studenter, Pleasantville, NY 10570.
order to revoke this authorization my revocation must be	t that it has already been relied upon. I understand that in be submitted in writing to the University Registrar, Office of PHI is disclosed pursuant to this authorization it may be
Dated: 20	Signature of Patient or Personal Representative
Printed Name of Patient or Personal Representative	Description of Personal Representative's Authority
This completed and signed form should be returned to: Office of Student Assistance Payment Processing Center 861 Bedford Road Pleasantville, New York, NY 10570 osa_appeals@pace.edu	