

GENERAL RELEASE OF MEDICAL INFORMATION

UNIVERSITY OF VALLEY FORGE - DISABILITY SERVICES

1401 Charlestown Road, Phoenixville, PA 19460 Phone: 610-917-3913 Fax: 610-917-2077

(TO BE COMPLETED BY THE STUDENT)

The University of Valley Forge respects the privacy and protection of personal medical information. The HIPAA Privacy Rule provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of health information needed for patient care and other important purposes.

Please select one of the following:

The release of information is given to the Meal Plan Accommodations Committee including, but not limited to the Director of Disability Services, Director of Health Services, General Manager of the Dining Commons, UVF's Registered Dietician Representative, Residence Life Staff, Vice President of Student Life and Vice President of Finance.

The release of information is also given to the following:

I give permission to disclose my health information regarding the following issue(s):

I hereby authorize the use or disclosure of my health information as described above.

Student Signature

Date

Printed Name

Date of Birth

Student ID Number: _____

Return this form to the Director of Disability Services at the University of Valley Forge

Office Documentation *(completed by the UVF Disability Services)*

Disability Request Form for Meal Plan Accommodations *(to be completed by student)*

Disability Documentation Form for Meal Plan Accommodation *(To be completed by a medical professional)*

General Release of Medical Information *(to be signed by student)*

Date Received _____

Current Medical Documentation