

Authorization for Release of Protected Health Information During Re-enrollment Process

Patient Name: _____ DOB: _____ B-Number _____
print clearly
Birth Name: _____ Phone/Cell: _____
Home Address: _____

The purpose of this release is to enable communication to and from my treating provider and the clinicians at Binghamton University who are responsible for making a recommendation on my re-enrollment as a student. At times the information on the Provider Re-enrollment Form is inadequate to make a determination if a safe plan for my return exists. Signing this form allows these individuals to share information about my medical and/or psychological condition for the purpose of ensuring such a plan exists. The information may be shared by mail, fax, or by phone with appropriate clinicians in the offices listed below.

My treating provider is:

Name: _____ Phone #: _____ Fax #: _____
Address: _____

By signing this release, I am authorizing that my protected Health Information may be released to and from any of the following offices:

Binghamton University Decker Student Health Services
Binghamton University Counseling Center

I understand that this authorization may be revoked by me in writing at any time, except to the extent that action has been taken based upon this authorization. Unless otherwise revoked, this authorization will expire 6 months from the date of the request. I understand that authorizing the disclosure of my health information is voluntary and I can refuse to sign this authorization, though inadequate information regarding my plan to return as a student may result in the recommendation that my re-enrollment not be allowed. I understand that any release of information carries with it the potential for unauthorized disclosure and the information may not be protected by federal confidentiality rules.

Patient Signature: _____ Date: _____

Please upload this completed form, along with the Provider Reenrollment Form, to the BU Health and Counseling portal.

- Go to <https://binghamton.medicatconnect.com/>
- Indicate you are from Binghamton University. Sign in using your University username and password.
- Go to the UPLOADS section of the portal.
- Upload the completed form using the option "Withdrawal/Re-enrollment Forms." Use the "Uploads" section and choose "Withdrawal/Reenrollment Forms." [Note that forms uploaded using the incorrect option may lead to the form not getting reviewed.]

Questions can be directed to the following offices:

Attn: Medical Director, Decker Student Health Services Center, Binghamton University, PO Box 6000, Binghamton, NY 13902-6000.
Ph: 607-777-2221, Fax: 607-777-2881

Attn: Assistant Director, University Counseling Center, Binghamton University, PO Box 6000, Binghamton, NY 13902-6000. Ph:
607-777-2772, Fax: 607-777-2708