



Saint Liam Hall
Notre Dame, Indiana
46556 USA

tel (574) 631-7497
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Release of Information for Treating Agent

PERMISSION FOR RELEASE OF INFORMATION

I, _____, authorize the following agencies/persons:
(Name)

Agency/Persons A

Agency/Persons B

University Health Services Staff
Name, Title

Name, Title

University Health Services
Organization

Organization

Room 201 Saint Liam Hall
Street Address

Street Address

Notre Dame, IN 46556
City, State, Zip

City, State, Zip

(574) 631-7103 (574) 631-5012
Phone Number Fax Number

Phone Number Fax Number

To make the following transaction:

- Agency/Person A disclose information specified below to Agency/Person B.
Agency/person B disclose information specified below to Agency/person A.
[X] Agency/Person A and B disclose information specified below to each other.

I authorize the release of the following information: medical records including hospitalization if any, treatment information, and any medication records, Treatment Provider Questionnaire and letter of recommendation on physician's letterhead.

For the purpose of: processing readmission request to make a recommendation to the University of Notre Dame.

This authorization shall remain in effect until: the end of the academic year for which readmission is sought.

I understand that I may revoke this consent at any time by giving written notice to the person or organization making disclosure.

Print Name

Street Address

Signature

City, State, Zip

Date

Phone

NOTICE: This information has been disclosed from records, which are confidential. Any further disclosure without the specific written consent of the person to whom it pertains exceeds the limits of this release.