



Authorization for Releasing, Discussing, or Obtaining Rabies & Hepatitis B Information

1. I authorize: [X] Gannett Health Services - OR - [] Other: _____

2. To disclose the protected health information of:

Patient Name _____ CU ID# _____ Date of birth ____/____/____
Campus Address _____ Campus Phone _____
Department Name _____

3. To the following individual or organization:

Name of person or organization _____
Address _____
Phone _____ FAX _____

4. Purpose of the disclosure: Occupational Medicine

5. Information to be disclosed:

- Treatment dates _____
[] rabies vaccination series [] rabies titers
[] hepatitis B vaccination series [] hepatitis B titers
[] other _____

6. I understand that:

- I may revoke this authorization at any time. The revocation will not apply to information that has already been released in response to this authorization. I must revoke this authorization in writing.
I may refuse to sign this authorization. Gannett Health Services will not restrict in any way treatment, payment, enrollment in a health plan, or eligibility for benefits by refusing to sign this authorization.
Information disclosed pursuant to this authorization may be subject to redisclosure by the recipient of such information. It is possible that once disclosed, the privacy of the information may no longer be protected under federal medical privacy law.
Unless otherwise revoked, this authorization will expire on (date or event) end of affiliation with Cornell University. If I fail to specify an expiration date or event, this authorization will expire one (1) year from the date of my signature.

7. I have read and understand the information in this authorization form.

Signature _____ Date _____

FOR GANNETT USE ONLY

Action to be taken on receipt of this form:

- [] None now - file in chart [] Copy and send [] Verbal/Phone disclose only [] Obtain records indicated

Records were: discussed faxed mailed picked up on ____/____/____ Initials _____
Record request was: discussed faxed mailed picked up on ____/____/____ Initials _____