**Rocky Vista University**

**Office of Research & Scholarly Activity**

255 E. Center Street, Ivins, UT 84738

8401 S. Chambers Road, Englewood, CO 80112

4130 Rocky Vista Way, Billings, MT 59106

Ph: (435) 233-9525

Fax: (435) 659-3028

**Patient Name:** **DOB:**

**Release From:** **Release To:**

Rocky Vista University

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**X Entire Legal Medical Record**

 Pertinent Legal Medical Records Only\*

*\*Including: Provider Progress Notes and Reports, Lab Reports, Imaging Reports, and Procedure Reports*

Other Records:

 Telephone Consults  Drug/Alcohol Testing  HIV/AIDS Records

 Billing Information  Spirometry/EGG/ECHO Tests  Radiology Reports

 Immunization Record  Behavioral Health Records  Other:

Dates of Service (between): and

**PLEASE NOTE**:

The information to be released may include a diagnosis or reference to the following condition(s): behavioral health services/psychiatric care, sickle cell anemia, genetic testing acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV); drug and/or alcohol abuse, or sexually transmitted disease.

**MY RIGHTS:**

I understand the following: This authorization will automatically expire 1 year from the date signed below or the date the minor child becomes an adult under state law, unless I request an expiration date sooner than 1 year. I may choose to revoke this authorization at any time, except to the extent that action has already been taken to comply with it, by notifying in writing. Information disclosed pursuant to the authorization may be subject to redisclosure by the recipient and is no longer protected by the HIPAA Privacy Rule.

Printed Name Signature Date