



Disclosures to Family Members and Friends

Student Section

As a University of Mary Washington student 18 years of age or older, **YOU** control access to your Student Health Center medical records. Except during emergencies or when legally required, the SHC cannot talk to anyone about your visits or medical condition without your express, **WRITTEN**, not oral, consent.

You may give or revoke this written consent as often as you wish. You decide who we can talk to.

Understandably, your parents or guardians are interested in your medical well-being and wish to remain informed. If you want to allow us to talk to them about your health, please complete the following section and bring or mail this form to:

University of Mary Washington
Student Health Center
Lee Hall, Suite 112
Fredericksburg , VA 22401

We cannot accept faxed or copied forms because they don't have your original signature.

I, _____, freely give consent for the University of Mary
(please PRINT name)

Washington Student Health Center to discuss my medical condition with the following people:

In person	By phone	Relation	Name
<input type="checkbox"/>	<input type="checkbox"/>	Spouse	_____
<input type="checkbox"/>	<input type="checkbox"/>	Parent	_____
<input type="checkbox"/>	<input type="checkbox"/>	Sibling	_____
<input type="checkbox"/>	<input type="checkbox"/>		_____
<input type="checkbox"/>	<input type="checkbox"/>		_____

Comments: _____

<input type="checkbox"/> Consent Given		<input type="checkbox"/> Consent Revoked	
Date	Signature	Date	Signature

Health Center Section

In this section, the SHC will document when information was disclosed because of an emergency or legal action.

Name	Relationship	Disclosure Date	SHC Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____