



Alabama A&M University
Health and Counseling Services
P.O. Box 98

(Office) 256-372-5601/5800 (Fax) 256-372-5599

Student Name: _____ **A#:** _____ **DOB:** _____

AUTHORIZATION TO TREAT AND DISCLOSE

I, _____ hereby authorize the healthcare provider(s) of the Alabama A&M University Health and Counseling Services Department and their agency or consultants, including those at the area hospitals, to perform diagnostic treatment procedures on myself, which in their judgment may become necessary. I waive all claims to prior notification. I understand that it is my responsibility to inform the Alabama A&M University Health and Counseling Services Department of any prior or current health **AND** mental health conditions and treatment for those conditions. As a student, it is my understanding that the Department is unable to discuss my health information with my parent, guardian, or other individual without written consent, with exception to those situations described in the Notice of Privacy Practices.

AUTHORIZATION TO FILE INSURANCE CLAIMS AND SHARE INFORMATION FOR PAYMENT

I, _____ authorize Alabama A&M University Health and Counseling Services Department to share my medical and/or related information as needed for the purpose of securing payment. I am responsible for payment of medical services provided that are not paid by the insurance company. I understand that the Health and Counseling Services Department may use and disclose my protected health information in the following ways:

- File medical insurance claims to my insurance carrier.
- Act as my agent in obtaining payment from my insurance carrier for services rendered.
- Receive payments directly from my insurance carrier.
- Release information to my insurance carrier.

The healthcare provider(s) of Alabama A&M University Health and Counseling Services Department may be unable to provide treatment if I fail to acknowledge this form with my signature.

I understand that I may revoke my consent at any time by a written notice. In the absence of my formal written notice, this consent is revoked automatically 12 months from the date of my initial signature.

I have read the above and authorize Alabama A&M University to follow through as necessary with the required information:

Student Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____