



UNIVERSITY OF OREGON

Consent for Release of Confidential Itemized Insurance Statements

I hereby authorize and request the University of Oregon Health Center to mail Health Insurance Claim forms (CMS-1500) to the addressee listed below. I understand that information released can contain any and all services received including but not limited to: HIV testing, mental health, STD screening, contraceptives, or other sensitive services. I understand the Health Center cannot be responsible for the confidentiality of information after it is released. I understand that this release is **only** for this request.

Release shall be to:

Name

Address

City/ State / Zip Code

Student Name

Student Identification Number

Student Signature

Date

New Claim Forms

Previously printed claim forms:

Date(s) of service: _____ to _____

Date(s) of specific injury/ illness / accident:

Date(s) of service: _____ to _____

For Office Use:

Mailed by: _____ on _____
UHC Employee Date

UNIVERSITY HEALTH CENTER · Appointments & After Hours Nurse: 346-2770

Web: <http://healthcenter.uoregon.edu>

An equal opportunity, affirmative action institution committed to cultural diversity