**East Stroudsburg University of Pennsylvania**

**CONSENT FOR TRANSFER OF INFORMATION**

**Health Center – Flagler-Metzgar Center**

**200 Prospect Street**

**East Stroudsburg, PA 18301-2999**

**570-422-3553**

|  |  |
| --- | --- |
| **STUDENT NAME:** | **STUDENT I.D. #:** |
| **DATE OF BIRTH:** | **CELL PHONE#:** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby consent to and authorize East Stroudsburg University Health Services, 200 Prospect Street, East Stroudsburg, PA 18301 to *disclose* to:

|  |
| --- |
| ***Name of Hospital*: Lehigh Valley Health Network - Pocono** |
| ***ATTENTION*: Student Health Services *TELEPHONE #:* 272-762-4378** |
| ***ADDRESS*: 100 East Brown Street, East Stroudsburg, PA 18301** |
| ***FOR THE PURPOSE OF*: Provision of health services and continuity of care during enrollment at ESU** |

information from medical records relating to my identity, diagnosis, prognosis, or treatment. However, I do not give permission for any other use or redisclosure of this information.

I understand that my record will include my medical history and physical exam information. If previously seen in the ESU Health Center, it may also contain discharge summary/instructions, athletic physical information if applicable, psychological, psychiatric, lab results and other procedural follow-up reports.

I have read and understand the nature of this release.

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WITNESS NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian must witness/approve if the student is under 18 years of age)

***PLEASE SEND TO:*** Ms. Donna Shepherd

East Stroudsburg University

Flagler-Metzgar Building

200 Prospect Street, East Stroudsburg, PA 18301

[dshepherd@esu.edu](mailto:dshepherd@esu.edu) (570) 422-3553

S:Student Affairs:Form Consent for Transfer of Information 7-31-2017