

**STUDENT LEGAL SERVICES INTAKE AND CONSENT FORM - HIPAA AUTHORIZATIONS**

Full Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Primary telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

I, \_\_\_\_\_, understand that a HIPAA Authorization is a waiver of liability that allows a medical record holder to disclose protected health information (PHI). A HIPAA authorization allows doctors, nurses, hospitals, laboratory technicians, and other health care providers to share my private medical information, such as X-rays, laboratory and pathology reports, diagnoses, prescriptions, and other health information in accordance with the authorization without any legal liability for having shared or disclosed. \_\_\_\_\_ (initial)

I understand that authorizing the disclosure of my private medical records is not required and is a completely voluntary decision. \_\_\_\_\_ (initial)

I understand that once granted, the permission to disclose PHI is broad. This means that virtually any of my private medical records can be disclosed to the person(s) listed. This could include personal information related to prescription and non-prescription drug use (legal and illegal), usage or non-usage of birth control, treatment for sexually transmitted disease, pregnancy status, etc. \_\_\_\_\_ (initial)

Being fully aware of the ramifications of a HIPAA Authorization, I affirm that I am signing and agreeing to the Authorization as my knowing and voluntary act and deed. \_\_\_\_\_ (initial)

I, the undersigned, hereby affirm that I am a currently enrolled student at the University of Oklahoma. I understand that the legal services offered by the University of Oklahoma Student Legal Services program (SLS) are limited in nature. I understand that the attorney-client relationship created by my use of the SLS program is a short-term, transactional relationship that is non-continual and does not extend beyond the services I have received. Being fully aware of these limitations, I consent to the limited-scope representation provided by SLS. I have been advised that I may need to seek further assistance of counsel. I am aware that the SLS attorney is not paid for directly by me, but by the University of Oklahoma, a third-party payor. Being fully aware of this payment arrangement, and the other limitations addressed herein, I hereby provide my consent to such representation. ***I have been advised that the SLS attorney cannot guarantee the confidentiality of emails sent or received on the university server.***

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Student Signature