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STUDENT	ACKNOWI	EDGMENTS

- 1. I understand that I can revoke this authorization at any time by submitting written revocation to the provider. However, uses and disclosures permitted while the authorization was in effect cannot be taken back.
- 2. I understand and acknowledge that the provision of healthcare to me is not conditioned on my execution of this authorization.
- I understand that information disclosed per this authorization may be subject to redisclosure by the receipt and no longer protected by the Health Insurance Portability and Accountability Act (HIPAA).

Student Signature:	Date:					
If the student is a minor or unable to sign, please complete the following:						
Name of Parent/Guardian:	Relationship to Student:					
Signature of Parent/Guardian:	Date:					