



## Consent for Release of Confidential Health and Identifying Information

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Student Name (Print)

Year/Class

Date

All of the clinical sites utilized by the Utah Valley University Physician Assistant (PA) Program require documentation of medical status of the students that will be performing experiential learning activities at those sites. In order for the PA Program staff to provide the required information to the sites, student permission is needed to permit the PA Program to release the necessary information to the clinical sites.

I, (Student's Printed Name) \_\_\_\_\_, voluntarily authorize Utah Valley University to release and disclose my medical health and immunizations information, along with information about my background check and drug screens to the clinical sites I will be rotating through during the Didactic and Clinical Phase of the PA Program. I understand that information will be sent only to those facilities requiring this documentation. I hereby waive all provisions of the law and privilege relating to the records described in this document.

**Please upload this signed form to your documents in Exxat.**