

University of Massachusetts Amherst
University Health Services

Permission to Share H1N1 Vaccine Information

I give permission to University Health Services, University of Massachusetts Amherst, to share copies of the 2009 H1N1 vaccination records with my healthcare provider as well as with the Massachusetts Department of Public Health (MDPH) and the local board of health in my community. I also give permission for these entities to share the 2009 H1N1 vaccination record with each other.

- This health information is disclosed at my request and to ensure that I am appropriately vaccinated.
- This permission expires one year from the signature date.
(signature on patient information/consent form)
- If the person or entity receiving this information is not a healthcare provider or health plan covered by federal privacy regulations, the information received may no longer be protected by federal privacy regulations. State privacy regulations cover information received by the MDPH and local boards of health.
- I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain the vaccination.
- I understand that I may inspect or copy the protected health information to be disclosed under this permission to share.
- I understand that I may withdraw this permission in writing at any time by sending written notification to:

University Health Services
Attn: Medical Records Department
150 Infirmary Way
University of Massachusetts
Amherst, MA 01003