

Setting Up Permission for Release of Medical Information when a Student is Unable to Give Permission During a Serious Health Crisis

Although [Middlebury College](#) will “*notify parents and/or deans when [students] have a serious mental or physical health problem and are unable to assume responsibility for notifying others,*” US hospitals typically require patients over 18 years old to sign a release to have medical information shared. To obtain permission to speak with staff at hospitals about the care of a loved one, there are 2 approaches: hospital-specific and advanced directive/ generalized.

The specific approach means completing a particular hospital’s privacy release form in advance. These typically expire within 1 year. Porter Medical Center and UVM Medical Center are the two hospitals most commonly used by Middlebury students. Their forms may be accessed at:

Porter Medical Center: [authorization form](#)

University of Vermont Medical Center: [authorization form](#)

The general approach (which may be accepted at institutions more universally, depending on their policies) involves creating an advanced directive. Forms are available at:

https://www.healthvermont.gov/sites/default/files/documents/pdf/HS_VR_AD_Registration_Agreement.pdf
(this form creates an account only)

<https://www.healthvermont.gov/health-professionals-systems/advance-directives/create-and-register-advance-directive> is the site that has the forms that may be downloaded and be completed. These forms are more commonly used toward the end of a person’s life, but they may be also used to establish a health care agent.

ADVANCE DIRECTIVE FORMS

You may use one of the forms listed below, or another from an organization of your choice. [Vermont law](#) does not favor one over another.

From the Vermont Department of Health: [Long Form \(9 sections\)](#)

- Appointment of My Health Care Agent
- Others Who Are or May Become Involved in My Care
- Statement of Values and Goals
- End-of-Life Treatment Wishes
- Other Treatment Wishes
- Waiver of Right to Request or Object to Future Treatment
- Organ and Tissue Donation
- Wishes for Disposition of my Body after my Death
- Signed Declaration of Wishes

From the Vermont Ethics Network: [Short Form \(5 sections\)](#)

- Health Care Goals and Spiritual Wishes
- Limitations of Treatment
- Organ/Tissue Donation and Burial/Disposition of Remains
- Signed Declaration of Wishes

Also from the Vermont Ethics Network: [Appointment of a Health Care Agent](#)

For those people interested in taking a First Step in advance care planning, this form allows you to appoint a health care agent and provide some general guidance about your health care goals. Completing these forms and having copies on hand to send during a health emergency is helpful. Students always have the option of also having a copy in their health record at Parton Health Services. Students can also edit or rescind their permission at any time.