

AUTHORIZATION TO RELEASE CONFIDENTIAL HEALTH INFORMATION

Regarding Patient (see reverse side for additional information)

| | | |
|------------------------------|--------|----------------|
| Legal Name: -Last, First, MI | | Date of Birth: |
| Street Address: | | Bowdoin ID# |
| City: | State: | Zip Code: |

1. Information Released To From

| | | |
|-------------------------------------------------------------------------------------|--------------------|-----------------|
| Name: Bowdoin Health and Counseling Services and Treating Provider(s) (if desired) | | |
| Street Address: 3600 College Station | | |
| City: Brunswick | State: ME | Zip Code: 04011 |
| Phone #: 207.725.3770 | Fax#: 207.725.3515 | |
| Email: healthservices@bowdoin.edu ; | | |

2. Information Released To From

Within Bowdoin College:

| | |
|-------------------------------|-----------------------------------|
| Dean's office | Wellness Coach |
| Registrar/Recording Committee | Risk Management |
| Professor | Director of Student Accessibility |
| Dietician | Eating Disorder Team |
| Athletics (Coach, Trainer) | CARE team |

Outside of Bowdoin College:

| | | |
|-----------------------------------------------------------------------------------------|--------|--------|
| Name (Individual or Class of Individuals at a particular entity, Lawyer, Parent, etc.): | | |
| Street Address: | | |
| City: | State: | Zip: |
| Phone #: | Fax#: | Email: |

3. By initialing here I permit the parties listed in #1 and #2 to share my confidential health information with each other (bidirectionally) _____

| | | |
|-----------------|---------------|-------------------------|
| | Office Visits | Mononucleosis Infection |
| Medication List | | |

Federal and State laws require special permission to release the following certain information. Check below to authorize release of:

| | | |
|---------------|---------------|----------|
| Mental Health | Substance Use | HIV/AIDS |
|---------------|---------------|----------|

5. Purpose of disclosure:

| | | | |
|----------------------|------------------|-----------|-------|
| Coordination of care | Transfer of Care | Academics | Other |
|----------------------|------------------|-----------|-------|