## AUTHORIZATION TO RELEASE CONFIDENTIAL HEALTH INFORMATION

Street Address: Bowdoin ID#  City: State: Zip Code:  Information Released To From  Name: Bowdoin Health and Counseling Services and Treating Provider(s) (if desired)  Street Address: 3600 College Station  City: Brunswick State: Xip Code: 04011  Phone #: Z07.725.3710  Fax#: 207.725.3515  Email: healthservices@bowdoin.edu:  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:  By initialing here I permit the parties listed in #1 and #2 to share my confidential health information with each other (bidirectionally)		egarding Patient (see reverse egal Name: -Last, First, MI	side for additional inform	ationy			Date of Birth:	
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:  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:  By initialing here I permit the parties listed in #1 and #2 to share my confidential health information with each other (bidirectionally)  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  Purpose of disclosure:								
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