

Coe College Health Services
1220 First Avenue NE
Cedar Rapids, IA 52402
319-399-8617
Fax: 319-399-8269



Authorization for Release of Medical Information

I hereby authorize the release of my medical information from Coe College Health Services:

Patient Name _____ Date of Birth _____

Month & Year of Graduation _____ Daytime Phone _____

Address or Fax Number to Send Medical Information:

Please Release the Following:

- Immunizations
- History/Physical Exam
- Other

Purpose or Need for Disclosure:

- Personal
- Transfer of Care
- Insurance Coverage
- Other

I recognize that Coe College Health Services cannot guarantee the privacy of medical information released under this authorization and the medical information will no longer be protected by the federal privacy law. It is my intent that the party that I designate to receive my medical information will consider the medical information private.

This authorization will expire one year from the date noted below, unless otherwise indicated.

Signature

Date