



370 Lancaster Avenue
Haverford, PA 19041

Health Services Telephone: 610-896-1089
Health Services Fax: 610-896-1090

Haverford College Health Services
Authorization for Disclosure of Healthcare Information

Print Name: _____
(Last) (First)

Social Security # _____ Class Year _____

Student Id Number _____

For a copy of your record, please send a check for \$10.00 made out to: Haverford College Health Services.

I authorize Haverford College Health Services to send my medical records to:

Address: _____

Please Check Information to be disclosed:

- Immunization Records
- Lab Reports
- Freshman PE
- Annual Women's Health Exam/PAP
- Entire Record
- Other _____

This Information is being disclosed to the following person, organization or agency from records whose confidentiality may be protected by the PA Law, Act 62 and/or Pennsylvania P.L.817 and/or Federal Public Law 93-282 and/or PA Law, Act 148. These regulations prohibit the above person, organization or agency from making any further disclosure of this information without my prior written consent.

Patient Signature: _____ Date _____