

**SIMON'S ROCK COLLEGE of BARD**

The College for younger Scholars

**Health Services**

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**MEDICAL RECORDS RELEASE**

Date \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby authorize you to release to

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any Information Regarding**

- Lab Data                       X-ray Report                       Summary of Past Records
- Immunization Records    Copy of Physical Exam    Summary of Hospital Records
- Psychological Records     Discharge Summary

Dates of Treatment \_\_\_\_\_

No limitation placed on dates, history of illness, or diagnostic or therapeutic information, including treatment for alcohol abuse, drug abuse, and sexual abuse. (PT.initials) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Relationship \_\_\_\_\_