



**Wheaton College/Sturdy Memorial Hospital
Permission for Release of Information**

Complete and return by December 15, 2009

In the event I am hospitalized, transferred, or released, I permit Sturdy Memorial Hospital emergency medical staff and/or crisis counselors to inform the Wheaton College Public Safety Department, the On-Call Area Coordinator, the On-Call Dean, the College Psychologist and/or the Director of Student Health Services of my status.

The Wheaton College staff authorized to request and receive such information are:

- Wheaton Public Safety Department 508-285-8213
- On-Call Area Coordinator
- On-Call Dean
- Martha Lamb, College Psychologist
- Craig Andrade, Director of Student Health Services

This release in no way pertains to the use and disclosure of confidential medical and protected health information generated through care and treatment received at Sturdy Memorial Hospital.

As a student at Wheaton College, I, _____, give permission for Sturdy Hospital Emergency Room staff to notify Wheaton College of my whereabouts. This authorization will remain in effect as long as I remain enrolled at Wheaton College.

Signature _____ Date _____