

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

In order to protect your right to confidentiality, your written authorization is required if you request information to be released to another person or agency. Counseling and Psychological Services (CAPS) records are kept separate from your educational records for confidentiality purposes. However, information released to faculty and staff, for petitions, for recommendation for referrals or other such released information becomes the property of the recipient, and at the time, the Counseling and Psychological Services (CAPS) cannot guarantee the confidentiality of those documents.

I _____ authorize _____ and other appropriate staff members of CAPS to:

- release to obtain from exchange with the following:

Client's initials

- _____ UC University Health Services
 _____ Other (specify): _____

Telephone: _____ Fax: _____ Mailing Address: _____

the following information pertaining to myself:

Client's initials

- _____ Attendance _____ Minimum information needed for coordination
 _____ Treatment progress _____ Entire record
 _____ Treatment summary
 _____ Other information to be released and/or obtained (specify) _____

- for the purpose of: evaluation/assessment and/or coordinating treatment efforts
 other (specify) _____

This consent will automatically expire one (1) year after the date of my signature as it appears below. I understand that I have the right to refuse to sign this form, and that I may revoke my consent at any time by giving written notice (except to the extent that the information has already been released). I authorize UC CAPS to release information concerning treatment, diagnosis, or testing of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), and/or test for antibodies to the AIDS virus (HIV). I hereby authorize the use of disclosure of my protected health information as described above.

Signature of Client M# Date Date of Birth Age

Staff Member Name (Print) Staff Member Signature Date

For any student who is under 18 years of age, a parent/guardian signature is required.

Parent/Guardian Printed Name Parent/Guardian Signature Date