

Authorization to Release or Exchange Confidential Information

I, _____ Student ID A
(Name)

Hereby authorize UCSD Counseling & Psychological Services to:

- Release information to
- Obtain information from
- Exchange information with

Name: _____

Agency: _____

Address: _____

Telephone/FAX: _____

Specific information to be released:

Initial each category that applies. *Please do not leave any space blank. Write "N/A" (not applicable) if appropriate:*

_____ Dates of treatment	_____ Oral Communication as needed
_____ CAPS Documentation Form	_____ Drug and substance abuse history
_____ Treatment summary	_____ HIV Status
_____ Psychiatric and Counseling record	_____ Other as specified _____

For the following purpose(s):

- Coordination of treatment/care
- Academic or administrative considerations
- Other _____

I understand that I can obtain a copy of this authorization. A copy of this form is as valid as the original. I understand that I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released.) This revocation must be delivered in writing to each of the treatment providers listed above.

****THIS CONSENT WILL AUTOMATICALLY EXPIRE ONE YEAR FROM DATE OF YOUR SIGNATURE****

Signature Date

Printed Name

NOTICE: UCSD Counseling & Psychological Services and other health care providers and organizations such as physicians, hospitals and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by state or federal confidentiality laws.

I understand that I have the right to have the recipient of the information to be released pursuant to this authorization, sign a statement that the recipient will comply with the restrictions stated in this authorization. By signing here, I waive the right to receive such a signed written statement from the intended recipient:

Signature of Client Date