Susquehanna University
Counseling Center

514 University Avenue (570) 372-4751
Selinsgrove, PA 17870 Fax (570) 372-2776

Authorization for Release of Information

I, ____, voluntarily authorize the Counseling Center to *(please check one)*:

_____ Release records/information concerning my mental health evaluation/treatment to:

_____ Obtain records/information concerning my mental health evaluation/treatment from:

____
(Name of Agency or Person)

____
(Address / Phone Number of Agency or Person)

This authorization shall be in effect from the date below until______________________________

The specific and relevant type of information I wish to have released is *(please check all those which apply)*:

___ Summary of treatment
___ Discharge summary
___Referral letter
___ Psychological assessment
___ Intake report
___ Other *(specify)*:____

___ All case notes
___ Psychiatric evaluation
___Dates of counseling appointments
___ Diagnosis and/or focus of counseling
___ Alcohol/drug assessment

The information released will be used for the specific purpose of *(please check all those which apply)*:

___ Treatment planning
___ Support for medical withdrawal
__ Disclosing recommendations
___ Other *(specify)*:____

__ Coordination of care
___ Support for course load reduction
___ Disclosing attendance

I understand I may withdraw my permission at any time by written request, except to the extent that the Counseling Center has taken action in reliance of this authorization.

It has been explained that, if I refuse to consent to this, the following are the consequences, if any:
____.

______________________________________ ____________________
Student Signature Date

____
Birth date

______________________________________ ____________________
Witness Signature Date

Notice to any party receiving confidential information

This information has been disclosed to you from records whose confidentiality is protected by federal and state law. Regulations prohibit you from making any further disclosure of this information without the prior consent of the person to whom it pertains.