

Student Counseling Service

Cain Hall, Texas A&M University, 1263 TAMU, College Station, TX 77843-1263
(979) 845-4427 • Fax (979) 862-4383 • Web Site http://scs.tamu.edu

Authorization to Release/Obtain/Exchange Confidential Information

Instructions: In order for the Student Counseling Service to release, obtain, or exchange confidential information, this authorization must be completed according to these instructions. All information must be clearly legible. All information related to identification, location, and communication of those involved in the release of information must be provided. This is necessary to ensure that the information is released *only* to those you intend. **For your protection, if this form is incomplete or is not legible, the Student Counseling Service will not release or request the release of any information.** (See the other side for assistance in completing this form and for signature verification requirements of authorizations received by fax.)

I, _____ Printed first and last name
_____ TAMU UIN #
_____ Street Address/Residence Hall
_____ Apartment/Room Number (if any)
_____ (____) _____ - _____
City, State, Zip Code Telephone

AUTHORIZE

Maggie Gartner, Ph.D. Director, or Designee
College Station, TX 77843-1263
Student Counseling Service, 1263 TAMU
(979) 845-4427

TO RELEASE TO _____ EXCHANGE WITH _____ (initial one only)

Anne Reber, Ph.D. Dean of Student Life or Designee
College Station, TX 77843-1257
Offices of the Dean of Student Life, 1257 TAMU
(979) 845-3111

the dates and types of services received. I also provide authorization to release the following: **(initial all that apply)**

_____ Results of assessments and recommendations
_____ Progress reports
_____ Other: (Specify) Confirmation of attendance

The purpose of releasing this information is: completion of sanction

I understand that no disclosure of my records can be made without my written consent, unless otherwise provided by law, and that I may revoke this authorization in writing at any time, except to the extent that information has already been released. I want this authorization to expire **(initial one only)**:

- _____ Sixty (60) days from the date below authorizing this release, or the end of the semester, whichever occurs last.
- _____ Six (6) months from the date below or six (6) months after termination of services, whichever occurs last.
- _____ On the day the record is destroyed, which is at the end of the 10th academic year after my last contact with the SCS.

Requests For Release By Fax. Fax machines may be located in insecure areas and consequently your privacy could be compromised. If you are confident that the individual to whom this information would be transmitted is the individual or his/her representative who will retrieve the transmission, signify authorization by initialing here _____, and provide the fax number: (____) _____ - _____.

(Signature) Date Witness

DISCLOSURE TO A THIRD PARTY WITHOUT AUTHORIZATION IS PROHIBITED BY LAW

Information About This Form

<u>OPTION</u>	<u>EXPLANATION</u>
Release to:	Authorizes the designated party to release information.
Exchange with:	Authorizes the two designated parties to share information. This option provides the greatest flexibility for communication.
Date(s) and type of service(s) received	Information released is the dates that services were provided and the type of services provided, such as individual counseling, crisis intervention, etc.
Results of assessments, and recommendations	Information released is the results of assessments through interviews and testing ,and intervention recommendations made.
Progress Report	Information released is about progress made toward intervention goals.
Other: (Specify)	Provides the option to specify other information that is to be released, and to specify restrictions, if any.
The purpose of releasing this information is: :	Provides direction so that the information released can support the purpose intended.

Authorizations Sent to the SCS by Fax

Authorizations for the Student Counseling Service to release information received by fax will be accepted if a signature verification can be made from the client's file or from another source. Other acceptable sources that must accompany the fax request include: 1) This form signed in the presence of and notarized by a Notary Public; or 2) a copy of a valid driver's license with photo and signature; or 3) a copy of another government issued document containing a photo and a signature, such as an identification card or a passport.