

Student Counseling Service

Student Services at White Creek, 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 back for assistance in completing this form and for signature verification requirements of authorizations received/sent by fax.)

DISCLOSURE WITHOUT AUTHORIZATION IS PROHIBITED BY LAW (Texas Health and Safety Code, Sec. 611.00(4)4)

I, _____ _____ 00 _____
TAMU UIN #

Printed first and last name

Date of Birth Street Address/Residence Hall

Apartment/Room Number (if any) City, State, Zip Code

Email (____) _____ - _____
Phone

AUTHORIZE Maggie Gartner, Ph.D. Executive Director, or Designee, Student Counseling Service, Texas A&M University, 1263 TAMU, College Station, TX 77843-1263, (979) 845-4427

TO (initial one only) _____ **RELEASE TO** _____ **OBTAIN FROM** _____ **EXCHANGE WITH** _____

_____ _____

Printed first and last name Street Address/ P.O. Box Number/Agency/Department

City, State, Zip Code (____) _____ - _____
Telephone

(Initial all that apply)

- _____ Communication that a required referral has been completed
- _____ Dates and types of services received.
- _____ A letter for the purpose stated below (see back of this form for assistance)
- _____ Results of assessments and recommendations
- _____ Other: (Specify) _____

**The Student Counseling Service
cannot guarantee confidentiality of
information after it is released.**

_____ Progress in counseling

The purpose for releasing this information is: _____

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. This authorization permits the release of documentation of services provided by the SCS. Supporting documents may be released only if deemed to be in the best interest of the student. This authorization expires **(initial one only)**:

_____ Sixty (60) days **OR** _____ six (6) months, **OR** _____ one (1) year from the date below authorizing this release,
OR _____

(Specify alternate expiration)

_____ I understand no consent is given for the re-release of information to any person, place, or organization with this noted exception: information released to Texas A&M University personnel (outside of Student Counseling Service or Student Health Services) is considered a student educational record covered by privacy rules of the federal Family Educational Rights and Privacy Act (FERPA) and as such may be shared with other officials of Texas A&M University with a legitimate need to know.

Requests For Release By Email or Fax. Information sent by email or fax may not be secure; your privacy could be compromised. If you choose to have confidential information sent by email or fax to us or from us, signify authorization by initialing here _____, and provide the email address _____ or fax number: (____) _____ - _____.

(Signature) Date Authorized Witness

AUTHORIZATION OPTIONS

Release to: Authorization is to release information only to the identified person

Obtain from: Authorization is to obtain information from another source

Exchange with: Authorizes the two designated parties to share information. This option provides the greatest flexibility for communication.

The purpose of releasing this information is: (The following are examples)

- To show (designated person) that I am or have been in counseling
- So that I may have a copy of my treatment records
- To send records to a new care provider (transfer of care) or consultant

Authorizations Sent to or Received by the SCS by Fax

Authorizations for the Student Counseling Service to release or obtain 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.

Guidelines for Clients to Review and/or Obtain a Copy of Their File

State of Texas law specifies the procedure by which patients/clients may obtain a copy of their records. The procedure is reproduced verbatim below.

No later than 15 days after receiving a written request from a patient to examine or copy all or part of the patient's mental health records, a clinician shall:

- A. Make the information available during regular business hours and provide a copy to the patient, if requested; or
- B. Inform the patient in writing that the information does not exist or cannot be found; or
- C. Provide the patient with a signed and dated statement that having access to the mental health records would be harmful to the patient's physical, mental, or emotional health. The written statement must specify the portion of the record being withheld, the reason for the denial and the duration of the denial. However, these records may still be released to another practicing professional.

The Student Counseling Service adheres to Texas law in complying with the procedure specified for clients to review and obtain a copy of their record. In addition, it is the policy of the Student Counseling Service for patients/clients to review their record with a professional staff member so that questions can be answered and clarification provided as needed. This may be done by an in-person or telephone appointment. **If you wish to review your records with a professional staff member, please contact our front desk (979-845-4427) so we may arrange for you to do so.**

To initiate this process, a client must complete the SCS's *Authorization to Release/Obtain/Exchange Confidential Information* form. If this form is completed at the SCS, the authorization signature must be witnessed by an SCS employee and accompanied by identity verification. If the form is not completed at the SCS, it must be accompanied by one of the following: 1) Witnessed by a Notary Public; 2) accompanied by a copy of a valid driver's license with photo and signature, or 3) accompanied by a copy of another government issued document containing a photo and signature, such as an identification card or a passport.