



Counseling Services
 Kanbar 323
 Phone: 215-951-2868

Student Counseling Center
 33 Chestnut St., Suite 230
 Phone: 215-503-2817

Release of Information Authorization Form

Client Name: _____ **Student ID:** _____ **D.O.B:** _____

I understand that information in response to this request may be related to diagnosis or treatment for AIDS/HIV, psychiatric care and treatment, and/or treatment for drug and alcohol abuse. Please check the appropriate box(es):

AIDS/HIV	PSYCHIATRIC CARE/TREATMENT	DRUG OR ALCOHOL TREATMENT
Yes, disclose	Yes, disclose	Yes, disclose
No, do not disclose	No, do not disclose	No, do not disclose

**I have been informed of my right to inspect my mental health records, subject to the limitations imposed by 55 Pa. Stat.5100.33

1. I, _____, hereby authorize Jefferson Counseling Services to release the following information:

Attendance
 Treatment Summary
 Treatment Records
 Other:

For the purpose of: Continuity of Care
 Attorney/Legal
 Consultation
 Other:

This information is to be released to (Name/Agency/Contact Info): _____

2. I, _____, hereby authorize _____

To release Jefferson Counseling Services the following information:

Attendance
 Treatment Summary
 Treatment Records
 Other:

For the purpose of: Continuity of Care
 Attorney/Legal
 Consultation
 Other:

- This authorization will expire on _____ or one year from effective date.
- I understand that this authorization may be revoked at any time by written communication to Counseling Services except to the extent that information has already been disclosed. If information has already been disclose in reliance on this authorization, revoking it will only prevent future disclosure.
- I understand that information (except drug and alcohol information) disclosed pursuant to this authorization may be subject to redisclosure and is no longer protected by federal privacy regulations.
- I understand that Counseling Services, Jefferson its Board of Trustees, officers are hereby released from any legal responsibility of disclosure of the above information to the extent indicated and authorized.
- I understand that I may refuse to sign this authorization.

SIGNATURE: _____

DATE: _____