

State University of New York at Fredonia

Consent to Release and Receive Confidential Information

I, _____ hereby authorize that information regarding myself, including personal, psychological, psychiatric, and medical records and opinions be both released and received by:

Office of Student Conduct
State University of New York at Fredonia
Fredonia, New York 14063
and
The Counseling Center
State University of New York at Fredonia
Fredonia, New York 14063
T: (716) 673-3424
F: (716) 673-3140

The specific information requested is as follows: **counseling attendance, completion of evaluation, recommendations, and progress towards wellness.** The purpose of releasing this information is for: **coordination of services.**

I understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent will expire automatically after 365 days from the date on which it is signed or for the duration of counseling services.

In consideration of this consent, I hereby release the above parties from any and all liability arising therefrom. A photocopy of this release is to be considered as valid as the original.

Signature of client or guardian

Date

Signature of witness

Date

Client name (printed): _____

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

The above student:

- Has completed the evaluation; no additional recommendations.
- Has completed the evaluation and has recommendations to be completed by _____

- _____

Signature of provider

Date