



1. AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Social Security # or Student ID #: _____

Date of Birth: _____ Dates of Treatment/Service: _____

TO BE RELEASED OR OBTAINED BY AND EXCHANGED BETWEEN STAFF IN
EASTERN KENTUCKY UNIVERSITY'S STUDENT HEALTH SERVICES

AND _____

2. TYPE OF INFORMATION TO BE RELEASED/OBTAINED/EXCHANGED*:

Information and/or records (including intake assessment, social history, treatment plan, progress notes, and discharge summary) related to psychological, psychiatric, medical, and/or emotional conditions:

Information about how the client's condition affects, or has affected, the client's ability to complete tasks, engage in activities of daily living, and/or function academically;

Summary of assessment, treatment, and progress;

Dates of treatment;

Recommendations and summary; and/or,

Other (please specify): _____

*POSSIBLE EXCEPTIONS: Drug/alcohol information, HIV/AIDS status, and information related to other sexually transmitted diseases (STDs) contained in these records will be released under this consent unless otherwise indicated. Do not release information related to:

☐ Drug/alcohol use and/or treatment ☐ HIV/AIDS ☐ STDs ☐ Other (please specify): _____

3. PURPOSE FOR RELEASE:

Continuity Care **Coordination of Care**

Collateral Interview Other (please specify): _____

I, _____ (print name), hereby authorize staff in the office of EKU Student Health Services to obtain, release, and or exchange information for the purpose(s) outlined above. It is understood that this authorization for release is subject to revocation at any time and that, unless another date is specified in the following space _____, this release will expire one (1) year after the date signed.

Signature

Date

Witness

This information has been disclosed to you from records whose confidentiality is protected by the Federal Privacy Act. Section 5 USC 552a states that, "No agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to who the record pertains." Federal regulations state that any person who violates any provision of this law shall be guilty of a misdemeanor and fined not more than \$5,000.